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| Fill in this information to identify your case: |                               |                                 |
|-------------------------------------------------|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | _                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|                                                 | Chapter 7                     |                                 |
|                                                 | ☐ Chapter 11                  |                                 |
|                                                 | ☐ Chapter 12                  |                                 |
|                                                 | ☐ Chapter 13                  | Check if this an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Case): |
|--------|
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Debtor 1 Jason Eric Miller
Debtor 2 Kanyanat Miller

Case number (if known)

|    |                                                                                                         | About Debtor 1:                                                                                                                                     | About Debtor 2 (Spouse Only in a Joint Case):  I have not used any business name or EINs.  Business name(s)                                        |  |  |  |
|----|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  Business name(s)                                                                                      |                                                                                                                                                    |  |  |  |
|    | doing business as names                                                                                 | Business hame(s)                                                                                                                                    |                                                                                                                                                    |  |  |  |
|    |                                                                                                         | EINs                                                                                                                                                | EINs                                                                                                                                               |  |  |  |
| 5. | Where you live                                                                                          | 450 Judd Lane                                                                                                                                       | If Debtor 2 lives at a different address:                                                                                                          |  |  |  |
|    |                                                                                                         | Batavia, IL 60510                                                                                                                                   | Aurora, IL 60506                                                                                                                                   |  |  |  |
|    |                                                                                                         | Number, Street, City, State & ZIP Code                                                                                                              | Number, Street, City, State & ZIP Code                                                                                                             |  |  |  |
|    |                                                                                                         | Kane                                                                                                                                                | Kane                                                                                                                                               |  |  |  |
|    |                                                                                                         | County                                                                                                                                              | County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|    |                                                                                                         | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. |                                                                                                                                                    |  |  |  |
|    |                                                                                                         | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                    | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                   |  |  |  |
| 6. | Why you are choosing this district to file for                                                          | Check one:                                                                                                                                          | Check one:                                                                                                                                         |  |  |  |
|    | bankruptcy                                                                                              | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                               |  |  |  |
|    |                                                                                                         | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                                        | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                                       |  |  |  |
|    |                                                                                                         |                                                                                                                                                     |                                                                                                                                                    |  |  |  |

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| Deb                                                                                                                                         | otor 2 Kanyanat Miller                                       |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |                          | Case number (if known)                                                                                                         |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                                                                                                                             |                                                              |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                |  |  |  |
| Par                                                                                                                                         | t 2: Tell the Court About                                    | our Bankruptcy Ca                                                                                                                                                                                       | ase                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                |  |  |  |
| 7.                                                                                                                                          | The chapter of the Bankruptcy Code you are                   | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                |  |  |  |
|                                                                                                                                             | choosing to file under                                       | Chapter 7                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                |  |  |  |
|                                                                                                                                             |                                                              | ☐ Chapter 11                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                |  |  |  |
|                                                                                                                                             |                                                              | ☐ Chapter 12                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                |  |  |  |
|                                                                                                                                             |                                                              | ☐ Chapter 13                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                |  |  |  |
|                                                                                                                                             |                                                              |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                |  |  |  |
| 8.                                                                                                                                          | How you will pay the fee                                     | about how yo                                                                                                                                                                                            | y the entire fee when I file my petition. Please check with the clerk's office in your local court for more details by you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with nted address. |                          |                                                                                                                                |  |  |  |
|                                                                                                                                             |                                                              |                                                                                                                                                                                                         | y the fee in installmen<br>ee in Installments (Officia                                                                                                                                                                                                                                                                                                            |                          | tion, sign and attach the Application for Individuals to Pay                                                                   |  |  |  |
|                                                                                                                                             |                                                              | ☐ I request tha                                                                                                                                                                                         | at my fee be waived (Y                                                                                                                                                                                                                                                                                                                                            | ou may request this opti | ion only if you are filing for Chapter 7. By law, a judge may,                                                                 |  |  |  |
|                                                                                                                                             |                                                              |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |                          | your income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out |  |  |  |
|                                                                                                                                             |                                                              |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |                          | ficial Form 103B) and file it with your petition.                                                                              |  |  |  |
|                                                                                                                                             |                                                              |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                |  |  |  |
| 9.                                                                                                                                          | Have you filed for<br>bankruptcy within the<br>last 8 years? | ■ No. □ Yes.                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                |  |  |  |
| li                                                                                                                                          | last o years:                                                | District                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                   | When                     | Case number                                                                                                                    |  |  |  |
|                                                                                                                                             |                                                              | District                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                   | When                     | Case number                                                                                                                    |  |  |  |
|                                                                                                                                             |                                                              | District                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                   | When                     | Case number                                                                                                                    |  |  |  |
|                                                                                                                                             |                                                              |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                |  |  |  |
| 10.                                                                                                                                         | Are any bankruptcy                                           | ■ No                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                |  |  |  |
| cases pending or being<br>filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |                                                              | ☐ Yes.                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                |  |  |  |
|                                                                                                                                             |                                                              | Debtor                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |                          | Relationship to you                                                                                                            |  |  |  |
|                                                                                                                                             |                                                              | District                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                   | When                     | Case number, if known                                                                                                          |  |  |  |
|                                                                                                                                             |                                                              | Debtor                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |                          | Relationship to you                                                                                                            |  |  |  |
|                                                                                                                                             |                                                              | District                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                   | When                     | Case number, if known                                                                                                          |  |  |  |
| 11.                                                                                                                                         | Do you rent your                                             | □ No. Go to I                                                                                                                                                                                           | line 12.                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                                                                |  |  |  |
|                                                                                                                                             | residence?                                                   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                   | eviction judament again  | nst you and do you want to stay in your residence?                                                                             |  |  |  |
|                                                                                                                                             |                                                              | res.                                                                                                                                                                                                    | No. Go to line 12.                                                                                                                                                                                                                                                                                                                                                | ,                        | ,                                                                                                                              |  |  |  |
|                                                                                                                                             |                                                              | •                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                   | tamant Abandan Edid      | n Judamant Aminet Very (Fame 101A) and Statistical Statistical                                                                 |  |  |  |
|                                                                                                                                             |                                                              |                                                                                                                                                                                                         | bankruptcy petition.                                                                                                                                                                                                                                                                                                                                              | ement About an Evictioi  | n Judgment Against You (Form 101A) and file it with this                                                                       |  |  |  |

**Jason Eric Miller** 

Debtor 1

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|     | otor 1 Jason Eric Miller<br>otor 2 Kanyanat Miller                                                                                               |                       | Docum                                               | Case number (if known)                                                                                                                                                                                                                                                   |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Par | t 3: Report About Any Bu                                                                                                                         | ısinesses             | You Own as a Sole Proprie                           | etor                                                                                                                                                                                                                                                                     |
|     | Are you a sole proprietor of any full- or part-time                                                                                              | ■ No.                 | Go to Part 4.                                       |                                                                                                                                                                                                                                                                          |
|     | business?                                                                                                                                        | <b>-</b>              | Name and leastion of hu                             |                                                                                                                                                                                                                                                                          |
|     | A cala proprietorabia ia a                                                                                                                       | ☐ Yes.                | Name and location of bu                             | Isiness                                                                                                                                                                                                                                                                  |
|     | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. |                       | Name of business, if any                            |                                                                                                                                                                                                                                                                          |
|     | If you have more than one sole proprietorship, use a separate sheet and attach                                                                   |                       | Number, Street, City, Sta                           | ate & ZIP Code                                                                                                                                                                                                                                                           |
|     | it to this petition.                                                                                                                             |                       | Check the appropriate b                             | ox to describe your business:                                                                                                                                                                                                                                            |
|     |                                                                                                                                                  |                       | ☐ Health Care Bus                                   | iness (as defined in 11 U.S.C. § 101(27A))                                                                                                                                                                                                                               |
|     |                                                                                                                                                  |                       | ☐ Single Asset Rea                                  | al Estate (as defined in 11 U.S.C. § 101(51B))                                                                                                                                                                                                                           |
|     |                                                                                                                                                  |                       | ☐ Stockbroker (as                                   | defined in 11 U.S.C. § 101(53A))                                                                                                                                                                                                                                         |
|     |                                                                                                                                                  |                       | ☐ Commodity Brok                                    | er (as defined in 11 U.S.C. § 101(6))                                                                                                                                                                                                                                    |
|     |                                                                                                                                                  |                       | ☐ None of the above                                 | ve                                                                                                                                                                                                                                                                       |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?                                          | deadline<br>operation | s. If you indicate that you are                     | e court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
|     | For a definition of small                                                                                                                        | ■ No.                 | I am not filing under Cha                           | apter 11.                                                                                                                                                                                                                                                                |
|     | business debtor, see 11 U.S.C. § 101(51D).                                                                                                       | □ No.                 | I am filing under Chapter Code.                     | r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy                                                                                                                                                                                 |
|     |                                                                                                                                                  | ☐ Yes.                | I am filing under Chapte                            | r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.                                                                                                                                                                                |
| Par | t 4: Report if You Own or                                                                                                                        | Have An               | y Hazardous Property or A                           | ny Property That Needs Immediate Attention                                                                                                                                                                                                                               |
| 14. | Do you own or have any                                                                                                                           | ■ No.                 |                                                     |                                                                                                                                                                                                                                                                          |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to                                               | ☐ Yes.                | What is the hazard?                                 |                                                                                                                                                                                                                                                                          |
|     | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?                                                     |                       | If immediate attention is needed, why is it needed? |                                                                                                                                                                                                                                                                          |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                                |                       | Where is the property?                              |                                                                                                                                                                                                                                                                          |
|     | 0                                                                                                                                                |                       |                                                     | Number, Street, City, State & Zip Code                                                                                                                                                                                                                                   |
|     |                                                                                                                                                  |                       |                                                     |                                                                                                                                                                                                                                                                          |

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Debtor 1 Jason Eric Miller

Debtor 2 Kanyanat Miller Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-24621 Doc 1 Filed 07/31/16 Entered 07/31/16 20:26:28 Desc Main Document Page 6 of 55

|       | tor 2 Kanyanat Miller                                          |                                                                                                                                                                                                                                                                 |                                                                                                            | Case                                                                                                                                                                                         | number (if known)       |                                                         |  |  |
|-------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------|--|--|
| Par   | t 6: Answer These Questi                                       | ions for R                                                                                                                                                                                                                                                      | eporting Purposes                                                                                          |                                                                                                                                                                                              |                         |                                                         |  |  |
| 16.   | What kind of debts do you have?                                | 16a.                                                                                                                                                                                                                                                            | Are your debts primarily consultindividual primarily for a personal,                                       |                                                                                                                                                                                              |                         | I.S.C. § 101(8) as "incurred by an                      |  |  |
|       |                                                                |                                                                                                                                                                                                                                                                 | ☐ No. Go to line 16b.                                                                                      |                                                                                                                                                                                              |                         |                                                         |  |  |
|       |                                                                |                                                                                                                                                                                                                                                                 | Yes. Go to line 17.                                                                                        |                                                                                                                                                                                              |                         |                                                         |  |  |
|       |                                                                | 16b.                                                                                                                                                                                                                                                            | Are your debts primarily busine money for a business or investme                                           | curred to obtain<br>restment.                                                                                                                                                                |                         |                                                         |  |  |
|       |                                                                |                                                                                                                                                                                                                                                                 | ☐ No. Go to line 16c.                                                                                      |                                                                                                                                                                                              |                         |                                                         |  |  |
|       |                                                                |                                                                                                                                                                                                                                                                 | ☐ Yes. Go to line 17.                                                                                      |                                                                                                                                                                                              |                         |                                                         |  |  |
|       |                                                                | 16c.                                                                                                                                                                                                                                                            | State the type of debts you owe th                                                                         | nat are not consumer debts or b                                                                                                                                                              | business debts          |                                                         |  |  |
| 17.   | Are you filing under Chapter 7?                                | □ No.                                                                                                                                                                                                                                                           | I am not filing under Chapter 7. Go                                                                        | o to line 18.                                                                                                                                                                                |                         |                                                         |  |  |
|       | Do you estimate that after any exempt property is excluded and | ■ Yes.                                                                                                                                                                                                                                                          | are paid that funds will be available                                                                      | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expensare paid that funds will be available to distribute to unsecured creditors? |                         |                                                         |  |  |
|       | administrative expenses are paid that funds will               |                                                                                                                                                                                                                                                                 | No                                                                                                         |                                                                                                                                                                                              |                         |                                                         |  |  |
|       | be available for distribution to unsecured creditors?          |                                                                                                                                                                                                                                                                 | ☐ Yes                                                                                                      |                                                                                                                                                                                              |                         |                                                         |  |  |
| 18.   | How many Creditors do                                          | <b>1</b> -49                                                                                                                                                                                                                                                    |                                                                                                            | <b>1</b> ,000-5,000                                                                                                                                                                          | □ 25                    | 5,001-50,000                                            |  |  |
|       | you estimate that you owe?                                     | □ 50-99                                                                                                                                                                                                                                                         |                                                                                                            | ☐ 5001-10,000                                                                                                                                                                                |                         | 0,001-100,000                                           |  |  |
|       |                                                                |                                                                                                                                                                                                                                                                 |                                                                                                            | ☐ 10,001-25,000 [                                                                                                                                                                            |                         | ☐ More than100,000                                      |  |  |
| 19.   | How much do you                                                | <b>\$</b> 0 - \$                                                                                                                                                                                                                                                | 50 000                                                                                                     | □ \$1,000,001 - \$10 million                                                                                                                                                                 | □ \$5                   | 500,000,001 - \$1 billion                               |  |  |
|       | estimate your assets to be worth?                              | □ \$50,001 - \$100,000                                                                                                                                                                                                                                          |                                                                                                            | □ \$10,000,001 - \$50 million                                                                                                                                                                |                         | 1,000,000,001 - \$10 billion                            |  |  |
|       |                                                                | □ \$100,001 - \$500,000<br>□ \$500,001 - \$1 million                                                                                                                                                                                                            |                                                                                                            | □ \$50,000,001 - \$100 millio □ \$100,000,001 - \$500 milli                                                                                                                                  |                         | 10,000,000,001 - \$50 billion<br>ore than \$50 billion  |  |  |
| 20.   | How much do you                                                | □ \$0 - \$                                                                                                                                                                                                                                                      | 50,000                                                                                                     | □ \$1,000,001 - \$10 million                                                                                                                                                                 | □ \$5                   | 500,000,001 - \$1 billion                               |  |  |
|       | estimate your liabilities to be?                               |                                                                                                                                                                                                                                                                 | 001 - \$100,000                                                                                            | □ \$10,000,001 - \$50 million                                                                                                                                                                |                         | 1,000,000,001 - \$10 billion                            |  |  |
|       |                                                                | □ \$100,001 - \$500,000<br>□ \$500,001 - \$1 million                                                                                                                                                                                                            |                                                                                                            | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                                                                                                                            |                         | 10,000,000,001 - \$50 billion<br>fore than \$50 billion |  |  |
| Par   | 7: Sign Below                                                  |                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                                                                                              |                         |                                                         |  |  |
| For   | you                                                            | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.                                                                                                                                        |                                                                                                            |                                                                                                                                                                                              |                         |                                                         |  |  |
|       |                                                                | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.             |                                                                                                            |                                                                                                                                                                                              |                         |                                                         |  |  |
|       |                                                                | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).                                                            |                                                                                                            |                                                                                                                                                                                              |                         |                                                         |  |  |
| I rec |                                                                |                                                                                                                                                                                                                                                                 | request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |                                                                                                                                                                                              |                         |                                                         |  |  |
|       |                                                                | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 13 and 3571. |                                                                                                            |                                                                                                                                                                                              |                         |                                                         |  |  |
|       |                                                                | /s/ Jaso                                                                                                                                                                                                                                                        | on Eric Miller                                                                                             | /s/ Kanyar                                                                                                                                                                                   |                         |                                                         |  |  |
|       |                                                                |                                                                                                                                                                                                                                                                 | Eric Miller<br>e of Debtor 1                                                                               | <b>Kanyanat</b><br>Signature of                                                                                                                                                              |                         |                                                         |  |  |
|       |                                                                | Executed                                                                                                                                                                                                                                                        | d on July 31, 2016                                                                                         | Executed or                                                                                                                                                                                  | n <b>July 31, 201</b> 0 | 6                                                       |  |  |
|       |                                                                |                                                                                                                                                                                                                                                                 | MM / DD / YYYY                                                                                             |                                                                                                                                                                                              | MM / DD / YYY           |                                                         |  |  |

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| Debtor 1 | Jason Eric Miller                              | Document                                         | Page 7 of 55               |                                                                                                                                                          |  |  |
|----------|------------------------------------------------|--------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Debtor 2 | Kanyanat Miller                                |                                                  | Case number (if known)     |                                                                                                                                                          |  |  |
|          |                                                |                                                  |                            |                                                                                                                                                          |  |  |
| •        | attorney, if you are<br>led by one             | under Chapter 7, 11, 12, or 13 of title 11, Unit | ed States Code, and have e | informed the debtor(s) about eligibility to proceed xplained the relief available under each chapter lebtor(s) the notice required by 11 U.S.C. § 342(b) |  |  |
| •        | not represented by ey, you do not need s page. |                                                  |                            | ledge after an inquiry that the information in the                                                                                                       |  |  |
|          |                                                | /s/ Stephen J. Costello                          | Date                       | July 31, 2016                                                                                                                                            |  |  |
|          |                                                | Signature of Attorney for Debtor                 |                            | MM / DD / YYYY                                                                                                                                           |  |  |
|          |                                                | Stephen J. Costello Printed name                 |                            |                                                                                                                                                          |  |  |
|          |                                                |                                                  |                            |                                                                                                                                                          |  |  |
|          |                                                | Costello & Costello Firm name                    |                            |                                                                                                                                                          |  |  |
|          |                                                | 19 N. Western Ave. (RT 31)                       |                            |                                                                                                                                                          |  |  |
|          |                                                | Carpentersville, IL 60110                        |                            |                                                                                                                                                          |  |  |
|          |                                                | Number, Street, City, State & ZIP Code           |                            |                                                                                                                                                          |  |  |
|          |                                                |                                                  |                            |                                                                                                                                                          |  |  |

Email address

steve@costellolaw.com

Contact phone **847-428-4544** 

**6187315**Bar number & State

|                    |                          | Docume            | ent Page 8 of 55            |    |                       |
|--------------------|--------------------------|-------------------|-----------------------------|----|-----------------------|
| Fill in this infor | mation to identify your  | case:             |                             |    |                       |
| Debtor 1           | Jason Eric Miller        |                   |                             |    |                       |
|                    | First Name               | Middle Name       | Last Name                   |    |                       |
| Debtor 2           | Kanyanat Miller          |                   |                             |    |                       |
| Spouse if, filing) | First Name               | Middle Name       | Last Name                   |    |                       |
| Jnited States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISI | ON |                       |
| Case number        |                          |                   |                             |    |                       |
| if known)          |                          |                   |                             |    | ☐ Check if this is an |
|                    |                          |                   |                             |    | amended filing        |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |                                                                                                                                                                                                    | Your as<br>Value o | ssets<br>f what you own |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B                                                                                              | \$                 | 0.00                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       | \$                 | 35,250.00               |
|     | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | \$                 | 35,250.00               |
| Pa  | t 2: Summarize Your Liabilities                                                                                                                                                                    |                    |                         |
|     |                                                                                                                                                                                                    |                    | abilities<br>you owe    |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$                 | 25,126.00               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$                 | 0.00                    |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                  | \$                 | 56,286.53               |
|     | Your total liabilities                                                                                                                                                                             | \$                 | 81,412.53               |
| Pa⊦ | t 3: Summarize Your Income and Expenses                                                                                                                                                            |                    |                         |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                          | \$                 | 5,259.11                |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                              | \$                 | 5,512.38                |
| Pa  | 4: Answer These Questions for Administrative and Statistical Records                                                                                                                               |                    |                         |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other sch        | edules.                 |
| 7.  | ■ Yes What kind of debt do you have?                                                                                                                                                               |                    |                         |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Jason Eric Miller
Debtor 2 Kanyanat Miller

Debtor 3 Case number (if known)

 From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 8,417.39

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|                                                                                                                              | Tot  | al claim  |
|------------------------------------------------------------------------------------------------------------------------------|------|-----------|
| From Part 4 on Schedule E/F, copy the following:                                                                             |      |           |
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$   | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$ . | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$   | 0.00      |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$   | 22,165.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$   | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$  | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$   | 22,165.00 |

|                          | С                               | ase 16-24621                                           | Doc 1                   | Filed 07/31/16 Document                                                                    | Entered 07/31/<br>Page 10 of 55 | /16 20:26:28                         | Desc         | Main                                         |
|--------------------------|---------------------------------|--------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------|--------------|----------------------------------------------|
| Fill in                  | this info                       | rmation to identify you                                | r case ar               |                                                                                            |                                 |                                      |              |                                              |
| Debto                    | or 1                            | Jason Eric Mille                                       | r                       |                                                                                            |                                 |                                      |              |                                              |
|                          |                                 | First Name                                             |                         | Middle Name                                                                                | Last Name                       |                                      |              |                                              |
| Debto                    |                                 | Kanyanat Miller                                        |                         |                                                                                            |                                 |                                      |              |                                              |
| (Spouse                  | e, if filing)                   | First Name                                             | ľ                       | Middle Name                                                                                | Last Name                       |                                      |              |                                              |
| United                   | d States E                      | Bankruptcy Court for the:                              | NORTI                   | HERN DISTRICT OF ILLIN                                                                     | IOIS, EASTERN DIVISIO           | N                                    |              |                                              |
| Case                     | number                          |                                                        |                         |                                                                                            |                                 |                                      |              | Check if this is an                          |
|                          |                                 |                                                        |                         |                                                                                            |                                 |                                      | _            | amended filing                               |
| Scl<br>n each<br>hink it | nedu<br>category,<br>fits best. | Be as complete and accur<br>ore space is needed, attac | be items.<br>rate as po | List an asset only once. If a ssible. If two married people the sheet to this form. On the | are filing together, both a     | re equally responsible               | e for supply | ing correct                                  |
| Part 1                   |                                 |                                                        | na Land o               | or Other Real Estate You Ow                                                                | n or Have an Interest In        |                                      |              |                                              |
|                          |                                 |                                                        |                         |                                                                                            |                                 |                                      |              |                                              |
| . ро                     | ou own oi                       | r nave any legal or equitab                            | ie interes              | t in any residence, building,                                                              | iand, or similar property?      |                                      |              |                                              |
| <b>I</b>                 | No. Go to Pa                    | art 2.                                                 |                         |                                                                                            |                                 |                                      |              |                                              |
|                          | es. Where                       | e is the property?                                     |                         |                                                                                            |                                 |                                      |              |                                              |
| Part 2                   | Describ                         | e Your Vehicles                                        |                         |                                                                                            |                                 |                                      |              |                                              |
| omeo                     | ne else d                       |                                                        | cle, also r             | nterest in any vehicles, we report it on Schedule G: Exnicles, motorcycles                 |                                 |                                      | any vehicl   | es you own that                              |
|                          | No                              |                                                        |                         |                                                                                            |                                 |                                      |              |                                              |
|                          | ⁄es                             |                                                        |                         |                                                                                            |                                 |                                      |              |                                              |
|                          |                                 |                                                        |                         |                                                                                            |                                 |                                      |              |                                              |
| 3.1                      | Make:                           | Subaru                                                 |                         | Who has an interest in the                                                                 | property? Check one             |                                      |              | or exemptions. Put ims on <i>Schedule D:</i> |
|                          | Model:                          | Legacy                                                 |                         | Debtor 1 only                                                                              |                                 |                                      |              | ecured by Property.                          |
|                          | Year:                           | 2011                                                   |                         | Debtor 2 only                                                                              |                                 | Current value of                     | the Cu       | irrent value of the                          |
|                          | • •                             |                                                        | 0000                    | Debtor 1 and Debtor 2 o                                                                    | •                               | entire property?                     | ро           | rtion you own?                               |
| 1                        | Other info                      | ormation:                                              |                         | At least one of the debto                                                                  | rs and another                  |                                      |              |                                              |
|                          |                                 |                                                        |                         | Check if this is commu (see instructions)                                                  | nity property                   | \$10,500                             | ).00         | \$10,500.00                                  |
| 2.0                      | Make:                           | Suzuki                                                 |                         | Who has an interest in the                                                                 | nronorty2 Charles               | Do not deduct sed                    | cured claims | or exemptions. Put                           |
| 3.2                      | Model:                          | Boulevard                                              |                         | Who has an interest in the Debtor 1 only                                                   | : property r Check one          | the amount of any                    | secured cla  | ims on Schedule D: ecured by Property.       |
|                          | Year:                           | 2012                                                   |                         | Debtor 2 only                                                                              |                                 |                                      |              | , , ,                                        |
|                          |                                 |                                                        | 2200                    | ■ Debtor 1 and Debtor 2 o                                                                  | inly                            | Current value of<br>entire property? |              | rrent value of the                           |
|                          | Other info                      |                                                        |                         | At least one of the debto                                                                  | •                               | onthis property:                     | ро           |                                              |
|                          |                                 | · -                                                    |                         | - At least one of the debit                                                                | TO GITO GITOUTO                 |                                      |              |                                              |

Official Form 106A/B Schedule A/B: Property page 1

☐ Check if this is community property (see instructions)

\$3,000.00

\$3,000.00

|          | ebtor 1                   | Case 16-24622                                                      | 1 Doc 1          | Filed 07/31/16<br>Document                                                                 | Entered 07/3<br>Page 11 of 55 |                          | Desc Main                                                                         |
|----------|---------------------------|--------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------|-------------------------------|--------------------------|-----------------------------------------------------------------------------------|
| De       | ebtor 2                   | Kanyanat Miller                                                    |                  |                                                                                            |                               | Case number (if known)   |                                                                                   |
| _        |                           | laan                                                               |                  |                                                                                            |                               | Do not deduct ser        | cured claims or exemptions. Put                                                   |
| 3        | .3 Make                   | <u> </u>                                                           |                  | Who has an interest in the                                                                 | e property? Check one         | the amount of any        | secured claims on Schedule D:                                                     |
|          | Mode                      | : Wrangler 2013                                                    |                  | ☐ Debtor 1 only                                                                            |                               | Creditors Who Ha         | ave Claims Secured by Property.                                                   |
|          | Year:                     |                                                                    | 25000            | Debtor 2 only                                                                              |                               | Current value of         |                                                                                   |
|          |                           | ximate mileage:                                                    | 23000            | ■ Debtor 1 and Debtor 2 o                                                                  | •                             | entire property?         | portion you own?                                                                  |
|          | Other                     | information:                                                       |                  | ☐ At least one of the debto                                                                | ors and another               |                          |                                                                                   |
|          |                           |                                                                    |                  | Check if this is communicated (see instructions)                                           | unity property                | \$18,00                  | 0.00 \$18,000.00                                                                  |
| <b>I</b> | Examples<br>■ No<br>□ Yes | · Boats, trailers, motors,                                         | , personal wat   | I other recreational vehic<br>ercraft, fishing vessels, sn<br>n for all of your entries fr | owmobiles, motorcyc           | e accessories            | \$24 F00 00                                                                       |
|          | pages yo                  | ou have attached for P                                             | Part 2. Write th | hat number here                                                                            |                               | =>                       | \$31,500.00                                                                       |
| Pa       | rt 3: Des                 | cribe Your Personal and                                            | Household Iter   | ms                                                                                         |                               |                          |                                                                                   |
| Do       | you ow                    | n or have any legal or                                             | equitable inte   | erest in any of the follow                                                                 | ing items?                    |                          | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|          | <i>Example</i><br>□ No    | Id goods and furnishi<br>s: Major appliances, fur<br>Describe      |                  | china, kitchenware                                                                         |                               |                          |                                                                                   |
|          |                           | Misc                                                               | Furniture, F     | Furnishings and Supp                                                                       | lies                          |                          | \$900.00                                                                          |
|          | ■ No                      |                                                                    |                  |                                                                                            | oment; computers, pri         | nters, scanners; music o | collections; electronic devices                                                   |
| 8.       |                           | les of value<br>s: Antiques and figurine<br>other collections, me  |                  |                                                                                            | oks, pictures, or other       | art objects; stamp, coin | , or baseball card collections;                                                   |
|          | _                         | Describe                                                           |                  |                                                                                            |                               |                          |                                                                                   |
| 9.       |                           | nt for sports and hobles: Sports, photographic musical instruments |                  | d other hobby equipment;                                                                   | bicycles, pool tables,        | golf clubs, skis; canoes | and kayaks; carpentry tools;                                                      |
|          | _                         | Describe                                                           |                  |                                                                                            |                               |                          |                                                                                   |
| 10.      | _ '                       |                                                                    | uns, ammuniti    | on, and related equipment                                                                  | i                             |                          |                                                                                   |
|          | ■ No<br>□ Yes. I          | Describe                                                           |                  |                                                                                            |                               |                          |                                                                                   |

Official Form 106A/B Schedule A/B: Property page 2

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

11. Clothes

□ No

Yes. Describe.....

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| Debte<br>Debte |                                | Jason Eric N<br>Kanyanat Mi                   |            |                                          |                                   | Case number (if known)           |                                                                                   |
|----------------|--------------------------------|-----------------------------------------------|------------|------------------------------------------|-----------------------------------|----------------------------------|-----------------------------------------------------------------------------------|
|                |                                |                                               | Neces      | sary Wearing A <sub>l</sub>              | pparel                            |                                  | \$600.00                                                                          |
| E              | No                             |                                               | welry, cos | stume jewelry, enga                      | ngement rings, wedding rings, he  | irloom jewelry, watches, gems,   | gold, silver                                                                      |
| <i>E</i>       | Exampi<br>No                   | m animals<br>les: Dogs, cats,                 | birds, hor | ses                                      |                                   |                                  |                                                                                   |
| 14. <b>A</b>   | ny oth                         | Describe  ner personal and Give specific info |            | -                                        | not already list, including any   | health aids you did not list     |                                                                                   |
|                |                                |                                               |            |                                          | Part 3, including any entries fo  |                                  | \$1,500.00                                                                        |
|                |                                | cribe Your Finan                              |            |                                          | n any of the following?           |                                  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 17. <b>D</b>   | Exampl<br>No<br>Yes<br>Peposit | ts of money<br>les: Checking, sa              | avings, o  | other financial acc                      | ome, in a safe deposit box, and o | ares in credit unions, brokerage |                                                                                   |
| _              |                                |                                               |            |                                          | Institution name:                 |                                  |                                                                                   |
|                |                                |                                               | 17.1.      | Checking                                 | Northstar credit unio             | on                               | \$700.00                                                                          |
|                |                                |                                               | 17.2.      | savings                                  | Northstar Credit Uni              | on                               | \$50.00                                                                           |
|                |                                |                                               | 17.3.      | Checking                                 | Bank Of America                   |                                  | \$1,000.00                                                                        |
|                |                                |                                               | 17.4.      | savings                                  | Bank Of America                   |                                  | \$500.00                                                                          |
|                |                                |                                               |            | ly traded stocks<br>ent accounts with br | okerage firms, money market ac    | counts                           |                                                                                   |
|                |                                |                                               |            | Institution or issuer                    | name:                             |                                  |                                                                                   |
| j              | lon-pu<br>oint ve<br>No        |                                               | ock and    | interests in incorp                      | orated and unincorporated bu      | sinesses, including an intere    | st in an LLC, partnership, and                                                    |
|                | Yes.                           | Give specific info                            |            | about themne of entity:                  |                                   | % of ownership:                  |                                                                                   |

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Jason Eric Miller

| De  | ebtor 2                    | Kanyanat Miller                                                                                                                                     | Case number (if known)                                                  |                                                                                   |
|-----|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|     | Negotia                    | nent and corporate bonds and other negotiable ble instruments include personal checks, cashiers' gotiable instruments are those you cannot transfer | checks, promissory notes, and money orders.                             |                                                                                   |
|     | ☐ Yes. G                   | ive specific information about them<br>Issuer name:                                                                                                 |                                                                         |                                                                                   |
|     | Exampl<br>■ No             |                                                                                                                                                     | , thrift savings accounts, or other pension or profit-sharing plar      | s                                                                                 |
|     | ⊔ Yes. L                   | ist each account separately.  Type of account:                                                                                                      | Institution name:                                                       |                                                                                   |
|     | Your sh<br>Example<br>■ No |                                                                                                                                                     | utilities (electric, gas, water), telecommunications companies,         | or others                                                                         |
|     | ☐ Yes                      |                                                                                                                                                     | Institution name or individual:                                         |                                                                                   |
|     | Annuitie<br>■ No           | ss (A contract for a periodic payment of money to y                                                                                                 | ou, either for life or for a number of years)                           |                                                                                   |
|     | ☐ Yes                      | Issuer name and description.                                                                                                                        |                                                                         |                                                                                   |
|     |                            | in an education IRA, in an account in a qualified a system of \$530(b)(1), 529A(b), and 529(b)(1).                                                  | ed ABLE program, or under a qualified state tuition progra              | m.                                                                                |
|     | ☐ Yes                      | Institution name and description. Sep                                                                                                               | parately file the records of any interests.11 U.S.C. § 521(c):          |                                                                                   |
|     | ■ No                       | equitable or future interests in property (other t                                                                                                  | han anything listed in line 1), and rights or powers exercis            | able for your benefit                                                             |
|     |                            | copyrights, trademarks, trade secrets, and oth                                                                                                      | ner intellectual property                                               |                                                                                   |
|     |                            | es: Internet domain names, websites, proceeds fro                                                                                                   | · · · ·                                                                 |                                                                                   |
|     | ☐ Yes. (                   | Give specific information about them                                                                                                                |                                                                         |                                                                                   |
|     |                            | s, franchises, and other general intangibles es: Building permits, exclusive licenses, cooperativ                                                   | re association holdings, liquor licenses, professional licenses         |                                                                                   |
|     | ☐ Yes. (                   | Give specific information about them                                                                                                                |                                                                         |                                                                                   |
| М   | oney or p                  | roperty owed to you?                                                                                                                                |                                                                         | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refu                   | nds owed to you                                                                                                                                     |                                                                         |                                                                                   |
|     |                            | ive specific information about them, including whe                                                                                                  | ther you already filed the returns and the tax years                    |                                                                                   |
|     | Family s Example ■ No      |                                                                                                                                                     | t, child support, maintenance, divorce settlement, property set         | element                                                                           |
|     | ☐ Yes. G                   | sive specific information                                                                                                                           |                                                                         |                                                                                   |
|     | Exampl                     | nounts someone owes you<br>es: Unpaid wages, disability insurance payments, o<br>benefits; unpaid loans you made to someone e                       | disability benefits, sick pay, vacation pay, workers' compensat<br>else | ion, Social Security                                                              |
|     | ■ No<br>□ Yes (            | Give specific information                                                                                                                           |                                                                         |                                                                                   |
| ~   | ii res. €                  | ove specific initionnation                                                                                                                          |                                                                         |                                                                                   |

Debtor 1

| Debtor                 |                                                                                                                                                                                                                                                                                            | Doc 1           | Filed 07/31/16<br>Document | Entered 07/31/16 20:26:28<br>Page 14 of 55 | Desc Main  |  |  |  |  |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------|--------------------------------------------|------------|--|--|--|--|
| Debtor                 |                                                                                                                                                                                                                                                                                            |                 |                            | Case number (if known)                     |            |  |  |  |  |
| Exa<br>■ No            | 11. Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No  □ Yes. Name the insurance company of each policy and list its value.  Company name:  Beneficiary:  Surrender or refund |                 |                            |                                            |            |  |  |  |  |
| If your son            | value:  32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.  No  Yes. Give specific information    |                 |                            |                                            |            |  |  |  |  |
| Exa<br>■ N             | <ul> <li>33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue</li> <li>■ No</li> <li>□ Yes. Describe each claim</li> </ul>                                  |                 |                            |                                            |            |  |  |  |  |
| ■ N                    | 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No □ Yes. Describe each claim                                                                                                                           |                 |                            |                                            |            |  |  |  |  |
| ■ N                    | financial assets you did not<br>bes. Give specific information                                                                                                                                                                                                                             | -               |                            |                                            |            |  |  |  |  |
|                        |                                                                                                                                                                                                                                                                                            |                 |                            | ny entries for pages you have attached     | \$2,250.00 |  |  |  |  |
| Part 5:                | Describe Any Business-Related                                                                                                                                                                                                                                                              | l Property You  | Own or Have an Interest I  | n. List any real estate in Part 1.         |            |  |  |  |  |
| -                      | ou own or have any legal or equi                                                                                                                                                                                                                                                           | itable interest | in any business-related pr | roperty?                                   |            |  |  |  |  |
| ■ No.                  | Go to Part 6.                                                                                                                                                                                                                                                                              |                 |                            |                                            |            |  |  |  |  |
| ☐ Yes                  | s. Go to line 38.                                                                                                                                                                                                                                                                          |                 |                            |                                            |            |  |  |  |  |
| Part 6:                | Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  If you own or have an interest in farmland, list it in Part 1.                                                                                                                         |                 |                            |                                            |            |  |  |  |  |
| 46. <b>Do</b> <u>y</u> | ou own or have any legal or                                                                                                                                                                                                                                                                | r equitable ir  | nterest in any farm- or c  | commercial fishing-related property?       |            |  |  |  |  |
|                        | No. Go to Part 7.                                                                                                                                                                                                                                                                          |                 |                            |                                            |            |  |  |  |  |
|                        | Yes. Go to line 47.                                                                                                                                                                                                                                                                        |                 |                            |                                            |            |  |  |  |  |
| Part 7:                | Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above                                                                                                                                                                                                   |                 |                            |                                            |            |  |  |  |  |

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00

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Jason Eric Miller

Debtor 1 Jason Eric Miller

Debtor 2 Kanyanat Miller Case number (if known)

Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ..... \$0.00 56. Part 2: Total vehicles, line 5 \$31,500.00 Part 3: Total personal and household items, line 15 57. \$1,500.00 Part 4: Total financial assets, line 36 58. \$2,250.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$35,250.00 \$35,250.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$35,250.00

Official Form 106A/B Schedule A/B: Property page 6

|                                         |                         | 17(7(.1111))      | .111 1 71(11, 11, 11, 11, 11, 11, 11, 11, 11, 11 |                    |
|-----------------------------------------|-------------------------|-------------------|--------------------------------------------------|--------------------|
| Fill in this infor                      | mation to identify your | case:             |                                                  |                    |
| Debtor 1                                | Jason Eric Miller       |                   |                                                  |                    |
|                                         | First Name              | Middle Name       | Last Name                                        |                    |
| Debtor 2                                | Kanyanat Miller         |                   |                                                  |                    |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name                                        |                    |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISIO                     | DN                 |
| Case number                             |                         |                   |                                                  |                    |
| (if known)                              |                         |                   |                                                  | Check if this is a |

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. Which set of exemptions are you claiming? Check one only, even if your spouse is | ١. | ly, even if your spouse is filing with you. |
|-------------------------------------------------------------------------------------|----|---------------------------------------------|
|-------------------------------------------------------------------------------------|----|---------------------------------------------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| •                                    |                                     |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------|-------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Current value of the portion you own | Amo                                 | unt of the exemption you claim                                  | Specific laws that allow exemption                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Copy the value from<br>Schedule A/B  | Chec                                | ck only one box for each exemption.                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| \$10,500.00                          | ■ .                                 | \$2,400.00                                                      | 735 ILCS 5/12-1001(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                      |                                     | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| \$3,000.00                           |                                     | \$3,000.00                                                      | 735 ILCS 5/12-1001(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                      |                                     | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| \$18,000.00                          |                                     | \$2,400.00                                                      | 735 ILCS 5/12-1001(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                      |                                     | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| \$18,000.00                          | •                                   | \$2,000.00                                                      | 735 ILCS 5/12-1001(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                      |                                     | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| \$900.00                             | •                                   | \$900.00                                                        | 735 ILCS 5/12-1001(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                      |                                     |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                      | \$10,500.00 \$10,500.00 \$18,000.00 | \$18,000.00  \$18,000.00  \$18,000.00                           | Copy the value from Schedule A/B  \$10,500.00  \$2,400.00  100% of fair market value, up to any applicable statutory limit  \$3,000.00  100% of fair market value, up to any applicable statutory limit  \$18,000.00  \$2,400.00  100% of fair market value, up to any applicable statutory limit  \$18,000.00  \$2,400.00  100% of fair market value, up to any applicable statutory limit  \$18,000.00  \$2,000.00  100% of fair market value, up to any applicable statutory limit |

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Kanyanat Miller Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Necessary Wearing Apparel** 735 ILCS 5/12-1001(a) \$600.00 \$600.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Checking: Northstar credit union 735 ILCS 5/12-1001(b) \$700.00 \$700.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit savings: Northstar Credit Union 735 ILCS 5/12-1001(b) \$50.00 \$50.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit **Checking: Bank Of America** 735 ILCS 5/12-1001(b) \$1,000.00 \$1,000.00 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit savings: Bank Of America 735 ILCS 5/12-1001(b) \$350.00 \$500.00 Line from Schedule A/B: 17.4 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Jason Eric Miller

Debtor 1

|                               |                          | Document Page                                                                                          | 18 of 55                             |                                        |                   |  |
|-------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------|-------------------|--|
| Fill in this inform           | ation to identify you    | r case:                                                                                                |                                      |                                        |                   |  |
| Debtor 1                      | Jason Eric Mille         | r                                                                                                      |                                      |                                        |                   |  |
| 200101 1                      | First Name               | Middle Name Last Nam                                                                                   | 9                                    | _                                      |                   |  |
| Debtor 2                      | Kanyanat Miller          |                                                                                                        |                                      |                                        |                   |  |
| (Spouse if, filing)           | First Name               | Middle Name Last Nam                                                                                   | е                                    | _                                      |                   |  |
| United States Ran             | kruptcy Court for the:   | NORTHERN DISTRICT OF ILLINOIS, E                                                                       | ASTERN DIVISION                      |                                        |                   |  |
| Office Otates Barr            | Kruptcy Court for the.   | TOTTIERRY BIOTRIOT OF IEEEROIO, E                                                                      | TOTERIA DIVIDION                     | -                                      |                   |  |
| Case number                   |                          |                                                                                                        |                                      |                                        |                   |  |
| (if known)                    |                          |                                                                                                        |                                      | ☐ Check                                | if this is an     |  |
|                               |                          |                                                                                                        |                                      | amend                                  | led filing        |  |
| O(f) : 1 E                    | 4000                     |                                                                                                        |                                      |                                        |                   |  |
| Official Form                 | 106D                     |                                                                                                        |                                      |                                        |                   |  |
| Schedule I                    | D: Creditors             | Who Have Claims Secur                                                                                  | red by Propert                       | ty                                     | 12/15             |  |
|                               |                          |                                                                                                        | <u> </u>                             | <u> </u>                               |                   |  |
|                               |                          | f two married people are filing together, both a<br>out, number the entries, and attach it to this for |                                      |                                        |                   |  |
| number (if known).            |                          | ,                                                                                                      | ,,                                   | <b>/</b>                               |                   |  |
| I. Do any creditors h         | nave claims secured by   | your property?                                                                                         |                                      |                                        |                   |  |
| ☐ No. Check                   | this box and submit th   | nis form to the court with your other schedule                                                         | s. You have nothing else             | to report on this form.                |                   |  |
| Voc Fill in                   | all of the information b | oolow                                                                                                  | · ·                                  | •                                      |                   |  |
|                               |                          | Delow.                                                                                                 |                                      |                                        |                   |  |
| Part 1: List All              | Secured Claims           |                                                                                                        | . Column A                           | Column B                               | Column C          |  |
|                               |                          | nore than one secured claim, list the creditor separ                                                   | ately                                |                                        |                   |  |
|                               |                          | a particular claim, list the other creditors in Part 2. cal order according to the creditor's name.    | As Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |  |
|                               |                          | · ·                                                                                                    | value of collateral.                 | claim                                  | If any            |  |
| 2.1 Corporate Creditor's Name | America Fcu              | Describe the property that secures the claim:                                                          | \$12,070.00                          | \$18,000.00                            | \$0.00            |  |
| Creditor's Name               |                          | 2013 Jeep Wrangler 25000 miles                                                                         |                                      |                                        |                   |  |
| Attn. Calla                   | otions Dont              |                                                                                                        |                                      |                                        |                   |  |
| 2075 Big T                    | ctions Dept              | As of the date you file, the claim is: Check all the                                                   | at .                                 |                                        |                   |  |
| Elgin, IL 60                  |                          | apply.  Contingent                                                                                     |                                      |                                        |                   |  |
|                               | City, State & Zip Code   | ☐ Unliquidated                                                                                         |                                      |                                        |                   |  |
| Number, Street,               | Oity, Otate & Zip Gode   | ☐ Disputed                                                                                             |                                      |                                        |                   |  |
| Who owes the deb              | ot? Check one.           | Nature of lien. Check all that apply.                                                                  |                                      |                                        |                   |  |
| ■ Debtor 1 only               |                          | An agreement you made (such as mortgage of                                                             | ir secured                           |                                        |                   |  |
| Debtor 2 only                 |                          | car loan)                                                                                              | i secureu                            |                                        |                   |  |
| Debtor 1 and Deb              | otor 2 only              | ☐ Statutory lien (such as tax lien, mechanic's lie                                                     | n)                                   |                                        |                   |  |
| _                             | e debtors and another    | ☐ Judgment lien from a lawsuit                                                                         | •••                                  |                                        |                   |  |
| ☐ Check if this cla           |                          | Other (including a right to offset)                                                                    | title                                |                                        |                   |  |
| community deb                 | ot                       | — Other (including a right to onset)                                                                   |                                      |                                        |                   |  |
|                               | Onened                   |                                                                                                        |                                      |                                        |                   |  |
|                               | Opened<br>1/01/14        |                                                                                                        |                                      |                                        |                   |  |
|                               | Last Active              |                                                                                                        |                                      |                                        |                   |  |
| Date debt was incu            |                          | Last 4 digits of account number 01                                                                     | 47                                   |                                        |                   |  |
|                               |                          |                                                                                                        |                                      |                                        |                   |  |
| 2.2 Corporate                 | America Fcu              | Describe the property that secures the claim:                                                          | \$9,944.00                           | \$10,500.00                            | \$0.00            |  |
| Creditor's Name               |                          | 2011 Subaru Legacy 70000 miles                                                                         |                                      |                                        |                   |  |
|                               |                          |                                                                                                        |                                      |                                        |                   |  |
| Attn: Colle                   | ctions Dept              | As of the data was file the plains in a second                                                         |                                      |                                        |                   |  |
| 2075 Big T                    | imber Rd                 | As of the date you file, the claim is: Check all the apply.                                            | ıt                                   |                                        |                   |  |
| Elgin, IL 60                  | 0123                     | Contingent                                                                                             |                                      |                                        |                   |  |
| Number, Street,               | City, State & Zip Code   | ☐ Unliquidated                                                                                         |                                      |                                        |                   |  |
|                               |                          | ☐ Disputed                                                                                             |                                      |                                        |                   |  |
| Who owes the deb              | ot? Check one.           | Nature of lien. Check all that apply.                                                                  |                                      |                                        |                   |  |
| Debtor 1 only                 |                          | ☐ An agreement you made (such as mortgage of                                                           | r secured                            |                                        |                   |  |
| Debtor 2 only                 |                          | car loan)                                                                                              |                                      |                                        |                   |  |
| Debtor 1 and Deb              | otor 2 only              | ☐ Statutory lien (such as tax lien, mechanic's lie                                                     | n)                                   |                                        |                   |  |
| ☐ At least one of the         | e debtors and another    | ☐ Judgment lien from a lawsuit                                                                         |                                      |                                        |                   |  |

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|                                                   |                                |                                              |                                                          | •                |                       |            |          |
|---------------------------------------------------|--------------------------------|----------------------------------------------|----------------------------------------------------------|------------------|-----------------------|------------|----------|
| Debtor 1                                          | Jason Eric                     | c Miller                                     |                                                          |                  | Case number (if know) |            |          |
|                                                   | First Name                     | Middle N                                     | ame Last Name                                            | _                | _                     |            |          |
| Debtor 2                                          |                                | Miller                                       |                                                          |                  |                       |            |          |
| •                                                 | First Name                     | Middle N                                     | ame Last Name                                            | _                |                       |            |          |
|                                                   | if this claim re<br>unity debt | elates to a                                  | ☐ Other (including a right to offset)                    |                  |                       |            |          |
| Date debt                                         | was incurred                   | Opened<br>1/01/14<br>Last Active<br>11/23/15 | Last 4 digits of account nun                             | mber <u>0148</u> |                       |            |          |
| 2.3 <b>Nor</b>                                    | thstar Cred                    | dit Union                                    | Describe the property that secures                       | the claim:       | \$3,112.00            | \$3,000.00 | \$112.00 |
| Credit                                            | tor's Name                     |                                              | 2012 Suzuki Boulevard 220                                | 0 miles          |                       |            |          |
|                                                   | 55 Winfield<br>rrenville, IL   |                                              | As of the date you file, the claim is apply.  Contingent | Check all that   |                       |            |          |
| Numb                                              | per, Street, City, S           | State & Zip Code                             | ☐ Unliquidated                                           |                  |                       |            |          |
|                                                   |                                |                                              | ☐ Disputed                                               |                  |                       |            |          |
| Who owes                                          | Who owes the debt? Check one.  |                                              | Nature of lien. Check all that apply.                    |                  |                       |            |          |
| ☐ Debtor                                          | 1 only                         |                                              | ■ An agreement you made (such as mortgage or secured     |                  | ecured                |            |          |
| ■ Debtor 2                                        | 2 only                         |                                              | car loan)                                                |                  |                       |            |          |
|                                                   | 1 and Debtor 2                 | ? only                                       | ☐ Statutory lien (such as tax lien, mechanic's lien)     |                  |                       |            |          |
|                                                   |                                | otors and another                            | ☐ Judgment lien from a lawsuit                           | ,                |                       |            |          |
| ☐ Check if this claim relates to a community debt |                                |                                              | Other (including a right to offset)                      | lien on tit      | le                    |            |          |
| Date debt                                         | was incurred                   | Opened<br>7/01/14<br>Last Active<br>11/23/15 | Last 4 digits of account num                             | mber _2000       |                       |            |          |
|                                                   |                                |                                              | _                                                        |                  | <del></del>           |            |          |
| Add the                                           | dollar value o                 | f your entries in C                          | column A on this page. Write that nur                    | mber here:       | \$25,126.00           |            |          |
| If this is                                        | the last page                  | of your form, add                            | the dollar value totals from all pages                   |                  | \$25,126.00           | _          |          |
| Write tha                                         | at number her                  | e:                                           |                                                          |                  | φ23,120.00            | <b>'</b>   |          |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                                              | 0000 10 2-021 2                                                   | Document                                                                                                                      | Page 2             | 0 of 55                            | 20 DCC            | o man                     |  |
|----------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------|-------------------|---------------------------|--|
| Fill in this                                 | information to identify your                                      |                                                                                                                               |                    |                                    |                   |                           |  |
| Debtor 1                                     | Jason Eric Miller                                                 |                                                                                                                               |                    |                                    |                   |                           |  |
| 20010                                        | First Name                                                        | Middle Name                                                                                                                   | Last Name          |                                    |                   |                           |  |
| Debtor 2                                     | Kanyanat Miller                                                   |                                                                                                                               |                    |                                    |                   |                           |  |
| (Spouse if, filir                            | ng) First Name                                                    | Middle Name                                                                                                                   | Last Name          |                                    |                   |                           |  |
| United Sta                                   | ites Bankruptcy Court for the:                                    | NORTHERN DISTRICT OF ILI                                                                                                      | _INOIS, EAS        | TERN DIVISION                      |                   |                           |  |
| Case num                                     | her                                                               |                                                                                                                               |                    |                                    |                   |                           |  |
| (if known)                                   |                                                                   |                                                                                                                               |                    |                                    |                   | heck if this is an        |  |
|                                              |                                                                   |                                                                                                                               |                    |                                    | a                 | mended filing             |  |
| Official                                     | Form 106E/E                                                       |                                                                                                                               |                    |                                    |                   |                           |  |
|                                              | Form 106E/F                                                       | lha Haya Unasayrad                                                                                                            | Claima             |                                    |                   | 10/15                     |  |
|                                              |                                                                   | Tho Have Unsecured te Part 1 for creditors with PRIORIT                                                                       |                    | 2. 40 (                            | UDDIODITY . I. '  | 12/15                     |  |
| Schedule D:<br>left. Attach t<br>name and ca | : Creditors Who Have Claims Sec                                   | ired Leases (Official Form 106G). Dured by Property. If more space is the lift you have no information to repassecured Claims | needed, copy t     | he Part you need, fill it out,     | number the ent    | tries in the boxes on the |  |
| 1. Do any                                    | creditors have priority unsecure                                  | d claims against you?                                                                                                         |                    |                                    |                   |                           |  |
| ■ No.                                        | Go to Part 2.                                                     |                                                                                                                               |                    |                                    |                   |                           |  |
| ☐ Yes.                                       |                                                                   |                                                                                                                               |                    |                                    |                   |                           |  |
| Part 2:                                      | List All of Your NONPRIORIT                                       | Y Unsecured Claims                                                                                                            |                    |                                    |                   |                           |  |
| 3. Do any                                    | creditors have nonpriority unsec                                  | cured claims against you?                                                                                                     |                    |                                    |                   |                           |  |
| □ No.                                        | You have nothing to report in this pa                             | art. Submit this form to the court with                                                                                       | your other sche    | edules.                            |                   |                           |  |
| ■ Yes                                        |                                                                   |                                                                                                                               |                    |                                    |                   |                           |  |
|                                              |                                                                   | at a section of a section of a section of a                                                                                   | 194 1              | Latte and attack to the            |                   |                           |  |
| unsecui                                      | red claim, list the creditor separately                           | aims in the alphabetical order of th<br>y for each claim. For each claim listed<br>ist the other creditors in Part 3.If you h | l, identify what t | ype of claim it is. Do not list cl | laims already inc | luded in Part 1. If more  |  |
|                                              |                                                                   |                                                                                                                               |                    |                                    |                   | Total claim               |  |
| 4.1 <b>A</b> (                               | cs/college Loan Corp                                              | Last 4 digits of acc                                                                                                          | ount number        | 6621                               |                   | \$22,165.00               |  |
| No                                           | onpriority Creditor's Name                                        |                                                                                                                               |                    |                                    |                   | · · ·                     |  |
|                                              | 01 Bleecker St<br>tica, NY 13501                                  | When was the debt                                                                                                             | incurred?          | Opened 7/01/02 La<br>9/04/14       | st Active         | -                         |  |
|                                              | Imber Street City State Zlp Code ho incurred the debt? Check one. | As of the date you                                                                                                            | file, the claim i  | s: Check all that apply            |                   |                           |  |
|                                              | Debtor 1 only                                                     | ☐ Contingent                                                                                                                  |                    |                                    |                   |                           |  |
|                                              | Debtor 2 only                                                     | ☐ Unliquidated                                                                                                                |                    |                                    |                   |                           |  |
|                                              | Debtor 1 and Debtor 2 only                                        |                                                                                                                               |                    |                                    |                   |                           |  |
|                                              | At least one of the debtors and and                               |                                                                                                                               |                    |                                    |                   |                           |  |
|                                              | Check if this claim is for a comr                                 | sis claim is for a community                                                                                                  |                    |                                    |                   |                           |  |
| de<br>Is t                                   | bt<br>the claim subject to offset?                                | ☐ Obligations arisir report as priority clai                                                                                  | •                  | ration agreement or divorce the    | hat you did not   |                           |  |
|                                              | No                                                                | ☐ Debts to pension                                                                                                            | or profit-sharin   | g plans, and other similar deb     | ots               |                           |  |
|                                              | Yes                                                               | ☐ Other. Specify _                                                                                                            |                    |                                    |                   | _                         |  |
|                                              |                                                                   |                                                                                                                               | Educationa         |                                    |                   | -                         |  |

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| Debt | or 2 Kanyanat Miller                                                                           | Case number (if know)                                                                                     |                                               |          |  |  |  |
|------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------|--|--|--|
| 4.2  | Alliance One Receivables                                                                       | Last 4 digits of account number                                                                           | 4659                                          | \$984.53 |  |  |  |
|      | Nonpriority Creditor's Name Citibank 4850 Street Road Suite 300 Feasterville Trevose, PA 19053 | When was the debt incurred?                                                                               | 2016                                          |          |  |  |  |
|      | Number Street City State Zlp Code Who incurred the debt? Check one.                            | As of the date you file, the claim                                                                        | is: Check all that apply                      |          |  |  |  |
|      | Debtor 1 only                                                                                  | ☐ Contingent                                                                                              |                                               |          |  |  |  |
|      | Debtor 2 only                                                                                  | ☐ Unliquidated                                                                                            |                                               |          |  |  |  |
|      | ■ Debtor 1 and Debtor 2 only                                                                   | ☐ Disputed                                                                                                |                                               |          |  |  |  |
|      | At least one of the debtors and another                                                        | Type of NONPRIORITY unsecure                                                                              | d claim:                                      |          |  |  |  |
|      | ☐ Check if this claim is for a community debt  Is the claim subject to offset?                 | ☐ Student loans ☐ Obligations arising out of a separe report as priority claims                           | aration agreement or divorce that you did not |          |  |  |  |
|      | ■ No                                                                                           | Debts to pension or profit-sharir                                                                         | ng plans, and other similar debts             |          |  |  |  |
|      | Yes                                                                                            | Other. Specify collections                                                                                | •                                             |          |  |  |  |
| 4.3  | Barclays Bank Delaware                                                                         | Last 4 digits of account number                                                                           | 5966                                          | \$797.00 |  |  |  |
|      | Nonpriority Creditor's Name Po Box 8801 Wilmington, DE 19899                                   | When was the debt incurred?                                                                               | Opened 12/01/13 Last Active 6/15/15           |          |  |  |  |
|      | Number Street City State Zlp Code                                                              | As of the date you file, the claim                                                                        | is: Check all that apply                      |          |  |  |  |
|      | Who incurred the debt? Check one.                                                              |                                                                                                           |                                               |          |  |  |  |
|      | ■ Debtor 1 only                                                                                | ☐ Contingent                                                                                              |                                               |          |  |  |  |
|      | Debtor 2 only                                                                                  | ☐ Unliquidated                                                                                            |                                               |          |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only                                                                   | ☐ Disputed                                                                                                |                                               |          |  |  |  |
|      | $\square$ At least one of the debtors and another                                              | Type of NONPRIORITY unsecure                                                                              | d claim:                                      |          |  |  |  |
|      | ☐ Check if this claim is for a community debt                                                  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |                                               |          |  |  |  |
|      | Is the claim subject to offset?                                                                | report as priority claims                                                                                 |                                               |          |  |  |  |
|      | ■ No                                                                                           | Debts to pension or profit-sharing                                                                        |                                               |          |  |  |  |
|      | Yes                                                                                            | Other. Specify Credit Card                                                                                |                                               |          |  |  |  |
| 4.4  | Cap1/bstby                                                                                     | Last 4 digits of account number                                                                           | 1860                                          | \$171.00 |  |  |  |
|      | Nonpriority Creditor's Name                                                                    | When was the debt incurred?                                                                               | Opened 5/01/11 Last Active 10/25/15           |          |  |  |  |
|      | Number Street City State Zlp Code  Who incurred the debt? Check one.                           | As of the date you file, the claim                                                                        | is: Check all that apply                      |          |  |  |  |
|      | ■ Debtor 1 only                                                                                | ☐ Contingent                                                                                              |                                               |          |  |  |  |
|      | Debtor 2 only                                                                                  | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:                                            |                                               |          |  |  |  |
|      | Debtor 1 and Debtor 2 only                                                                     |                                                                                                           |                                               |          |  |  |  |
|      | ☐ At least one of the debtors and another                                                      |                                                                                                           |                                               |          |  |  |  |
|      | Check if this claim is for a community                                                         | ☐ Student loans                                                                                           |                                               |          |  |  |  |
|      | debt Is the claim subject to offset?                                                           | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                                               |          |  |  |  |
|      | No                                                                                             | Debts to pension or profit-sharir                                                                         | ng plans, and other similar debts             |          |  |  |  |
|      | ☐ Yes                                                                                          | ■ Other. Specify Charge Ac                                                                                | •                                             |          |  |  |  |
|      |                                                                                                | - Other. Specify                                                                                          | <u> </u>                                      |          |  |  |  |

Debtor 1 Jason Eric Miller

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| 2 Kanyanat Miller                                                                  | Case number (if know)                |                                               |            |
|------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|------------|
| Capital One                                                                        | Last 4 digits of account number      | 2271                                          | \$3,493.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred?          | Opened 2/28/12 Last Active 11/15/14           |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one.               | As of the date you file, the claim   | is: Check all that apply                      |            |
| Debtor 1 only                                                                      | ☐ Contingent                         |                                               |            |
| ☐ Debtor 2 only                                                                    | ☐ Unliquidated                       |                                               |            |
| ☐ Debtor 1 and Debtor 2 only                                                       | ☐ Disputed                           |                                               |            |
| $\square$ At least one of the debtors and another                                  | Type of NONPRIORITY unsecure         | d claim:                                      |            |
| ☐ Check if this claim is for a community debt                                      |                                      | aration agreement or divorce that you did not |            |
| Is the claim subject to offset?                                                    | report as priority claims            |                                               |            |
| No No                                                                              | ☐ Debts to pension or profit-sharin  |                                               |            |
| Yes                                                                                | Other. Specify Credit Card           | <u></u>                                       |            |
| Capital One                                                                        | Last 4 digits of account number      | 8548                                          | \$2,786.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred?          | Opened 4/21/13 Last Active 11/16/15           |            |
| Number Street City State Zlp Code                                                  | As of the date you file, the claim   | is: Check all that apply                      |            |
| Who incurred the debt? Check one.                                                  |                                      |                                               |            |
| ☐ Debtor 1 only                                                                    | ☐ Contingent                         |                                               |            |
| Debtor 2 only                                                                      | ☐ Unliquidated                       |                                               |            |
| ☐ Debtor 1 and Debtor 2 only                                                       | ☐ Disputed                           |                                               |            |
| $\square$ At least one of the debtors and another                                  | Type of NONPRIORITY unsecure         | d claim:                                      |            |
| ☐ Check if this claim is for a community debt                                      |                                      | aration agreement or divorce that you did not |            |
| Is the claim subject to offset?                                                    | report as priority claims            |                                               |            |
| ■ No                                                                               | Debts to pension or profit-sharin    |                                               |            |
| Yes                                                                                | Other. Specify Credit Card           | <u></u>                                       |            |
| Capital One                                                                        | Last 4 digits of account number      | 9530                                          | \$1,804.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred?          | Opened 4/21/13 Last Active 4/13/15            |            |
| Number Street City State Zlp Code Who incurred the debt? Check one.                | As of the date you file, the claim   | is: Check all that apply                      |            |
| Debtor 1 only                                                                      | ☐ Contingent                         |                                               |            |
| ☐ Debtor 2 only                                                                    | ☐ Unliquidated                       |                                               |            |
| ☐ Debtor 1 and Debtor 2 only                                                       | ☐ Disputed                           |                                               |            |
| ☐ At least one of the debtors and another                                          | Type of NONPRIORITY unsecure         | d claim:                                      |            |
| ☐ Check if this claim is for a community                                           | ☐ Student loans                      |                                               |            |
| debt Is the claim subject to offset?                                               | report as priority claims            | aration agreement or divorce that you did not |            |
| No                                                                                 | ☐ Debts to pension or profit-sharing |                                               |            |
| Yes                                                                                | Other. Specify Credit Card           | 1                                             |            |
|                                                                                    |                                      |                                               |            |

Debtor 1 Jason Eric Miller

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|          | 1 Jason Eric Miller<br>2 Kanyanat Miller                                                                                                |                                                                   | Case number (if know)                         |            |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------|------------|
| 4.8      | Citibank/Shell Oil                                                                                                                      | Last 4 digits of account number                                   | 4987                                          | \$875.00   |
|          | Nonpriority Creditor's Name Citibank/Citicorp Srvs Attn: Centralized Po Box 790040 St Louis, MO 63179 Number Street City State Zlp Code | When was the debt incurred?  As of the date you file, the claim i | Opened 10/01/12 Last Active 9/24/15           |            |
|          | Who incurred the debt? Check one.                                                                                                       |                                                                   |                                               |            |
|          | Debtor 1 only                                                                                                                           | ☐ Contingent                                                      |                                               |            |
|          | Debtor 2 only                                                                                                                           | ☐ Unliquidated                                                    |                                               |            |
|          | Debtor 1 and Debtor 2 only                                                                                                              | ☐ Disputed  Type of NONPRIORITY unsecured                         | d claim:                                      |            |
|          | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt                                                 | Student loans                                                     | ration agreement or divorce that you did not  |            |
|          | Is the claim subject to offset?                                                                                                         | report as priority claims                                         |                                               |            |
|          | No                                                                                                                                      | Debts to pension or profit-sharin                                 |                                               |            |
|          | Yes                                                                                                                                     | Other. Specify Credit Card                                        | <u> </u>                                      |            |
| 4.9      | Corporate America Fcu                                                                                                                   | Last 4 digits of account number                                   | 0160                                          | \$4,607.00 |
|          | Nonpriority Creditor's Name Attn: Collections Dept 2075 Big Timber Rd Elgin, IL 60123                                                   | When was the debt incurred?                                       | Opened 3/01/11 Last Active 11/23/15           |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                                                                     | As of the date you file, the claim i                              | is: Check all that apply                      |            |
|          | Debtor 1 only                                                                                                                           | ☐ Contingent                                                      |                                               |            |
|          | Debtor 2 only                                                                                                                           | ☐ Unliquidated                                                    |                                               |            |
|          | ■ Debtor 1 and Debtor 2 only                                                                                                            | ☐ Disputed                                                        |                                               |            |
|          | ☐ At least one of the debtors and another                                                                                               | Type of NONPRIORITY unsecured                                     | d claim:                                      |            |
|          | ☐ Check if this claim is for a community                                                                                                | Student loans                                                     |                                               |            |
|          | debt Is the claim subject to offset?                                                                                                    | report as priority claims                                         | ration agreement or divorce that you did not  |            |
|          | ■ No                                                                                                                                    | ☐ Debts to pension or profit-sharin                               |                                               |            |
|          | Yes                                                                                                                                     | Other. Specify Credit Card                                        | <u> </u>                                      |            |
| 4.1<br>0 | Corporate America Fcu Nonpriority Creditor's Name                                                                                       | Last 4 digits of account number                                   | 0149                                          | \$4,056.00 |
|          | Attn: Collections Dept<br>2075 Big Timber Rd<br>Elgin, IL 60123                                                                         | When was the debt incurred?                                       | Opened 4/01/14 Last Active 11/23/15           |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                                                                     | As of the date you file, the claim i                              | is: Check all that apply                      |            |
|          | ☐ Debtor 1 only                                                                                                                         | ☐ Contingent                                                      |                                               |            |
|          | ☐ Debtor 2 only                                                                                                                         | ☐ Unliquidated                                                    |                                               |            |
|          | ■ Debtor 1 and Debtor 2 only                                                                                                            | ☐ Disputed                                                        |                                               |            |
|          | $\square$ At least one of the debtors and another                                                                                       | Type of NONPRIORITY unsecured                                     | d claim:                                      |            |
|          | Check if this claim is for a community debt                                                                                             |                                                                   | aration agreement or divorce that you did not |            |
|          | Is the claim subject to offset?                                                                                                         | report as priority claims  Debts to pension or profit-sharin      | a plane, and other similar debte              |            |
|          | ■ No                                                                                                                                    | ·                                                                 | א פומוים, מווע טנוופו אווווומו עפטנא          |            |
|          | Yes                                                                                                                                     | Other. Specify Unsecured                                          |                                               |            |

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| or 2 Kanyanat Miller                                          | Case number (if know)              |                                               |                 |  |  |
|---------------------------------------------------------------|------------------------------------|-----------------------------------------------|-----------------|--|--|
| Dala an Oannan ita Harrital                                   |                                    |                                               | <b>\$000.00</b> |  |  |
| Delnor Community Hospital                                     | Last 4 digits of account number    |                                               | \$680.00        |  |  |
| Nonpriority Creditor's Name 300 Randall Road Geneva, II 60134 | When was the debt incurred?        | 2016                                          |                 |  |  |
| Number Street City State Zlp Code                             | As of the date you file, the claim | is: Check all that apply                      |                 |  |  |
| Who incurred the debt? Check one.                             |                                    |                                               |                 |  |  |
| Debtor 1 only                                                 | ☐ Contingent                       |                                               |                 |  |  |
| Debtor 2 only                                                 | ☐ Unliquidated                     |                                               |                 |  |  |
| ■ Debtor 1 and Debtor 2 only                                  | ☐ Disputed                         |                                               |                 |  |  |
| ☐ At least one of the debtors and another                     | Type of NONPRIORITY unsecure       | d claim:                                      |                 |  |  |
| ☐ Check if this claim is for a community                      | ☐ Student loans                    |                                               |                 |  |  |
| debt                                                          |                                    | aration agreement or divorce that you did not |                 |  |  |
| Is the claim subject to offset?                               | report as priority claims          |                                               |                 |  |  |
| ■ No                                                          | Debts to pension or profit-sharir  |                                               |                 |  |  |
| Yes                                                           | Other. Specify medical se          | rvices                                        |                 |  |  |
| Earthmover Cu                                                 | Last 4 digits of account number    | 8238                                          | \$1,818.00      |  |  |
| Nonpriority Creditor's Name                                   |                                    |                                               | <b>41,01010</b> |  |  |
| Po Box 2937                                                   |                                    | Opened 4/01/14 Last Active                    |                 |  |  |
| Aurora, IL 60507                                              | When was the debt incurred?        | 11/16/15                                      |                 |  |  |
| Number Street City State Zlp Code                             | As of the date you file, the claim | is: Check all that apply                      |                 |  |  |
| Who incurred the debt? Check one.                             |                                    |                                               |                 |  |  |
| ☐ Debtor 1 only                                               | ☐ Contingent                       |                                               |                 |  |  |
| ■ Debtor 2 only                                               | ☐ Unliquidated                     |                                               |                 |  |  |
| ☐ Debtor 1 and Debtor 2 only                                  | ☐ Disputed                         |                                               |                 |  |  |
| ☐ At least one of the debtors and another                     | Type of NONPRIORITY unsecure       | d claim:                                      |                 |  |  |
| ☐ Check if this claim is for a community                      | ☐ Student loans                    |                                               |                 |  |  |
| debt                                                          |                                    | aration agreement or divorce that you did not |                 |  |  |
| Is the claim subject to offset?                               | report as priority claims          |                                               |                 |  |  |
| No                                                            | Debts to pension or profit-sharing |                                               |                 |  |  |
| Yes                                                           | Other. Specify Unsecured           |                                               |                 |  |  |
| Earthmovers Cu                                                | Last 4 digits of account number    | 6462                                          | \$2,405.00      |  |  |
| Nonpriority Creditor's Name                                   |                                    |                                               | <del>,</del>    |  |  |
| 2195 Baseline Rd<br>Oswego, IL 60543                          | When was the debt incurred?        | Opened 3/01/14 Last Active 10/20/15           |                 |  |  |
| Number Street City State Zlp Code                             | As of the date you file, the claim | is: Check all that apply                      |                 |  |  |
| Who incurred the debt? Check one.                             | • ,                                |                                               |                 |  |  |
| ☐ Debtor 1 only                                               | ☐ Contingent                       |                                               |                 |  |  |
| Debtor 2 only                                                 | ☐ Unliquidated                     |                                               |                 |  |  |
| ■ Debtor 1 and Debtor 2 only                                  | Disputed                           |                                               |                 |  |  |
| ☐ At least one of the debtors and another                     | Type of NONPRIORITY unsecure       | d claim:                                      |                 |  |  |
| ☐ Check if this claim is for a community                      | ☐ Student loans                    |                                               |                 |  |  |
| debt                                                          | Obligations arising out of a sepa  | aration agreement or divorce that you did not |                 |  |  |
| Is the claim subject to offset?                               | report as priority claims          |                                               |                 |  |  |
| No                                                            | Debts to pension or profit-sharir  | • • • • • • • • • • • • • • • • • • • •       |                 |  |  |
| ☐ Yes                                                         | ■ Other. Specify Credit Card       | d                                             |                 |  |  |

Debtor 1 Jason Eric Miller

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| Debtor<br>Debtor | 1 Jason Eric Miller 2 Kanyanat Miller                                        |                                                              | Case number (if know)                        |            |
|------------------|------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------|------------|
| 4.1<br>4         | Square One Financial/Cach Llc                                                | Last 4 digits of account number                              | 0760                                         | \$2,588.00 |
|                  | Nonpriority Creditor's Name 4340 S Monaco St 2nd Floor Denver, CO 80237      | When was the debt incurred?                                  | Opened 8/01/15                               |            |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.          | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|                  | ■ Debtor 1 only □ Debtor 2 only                                              | ☐ Contingent☐ Unliquidated                                   |                                              |            |
|                  | ☐ Debtor 1 and Debtor 2 only                                                 | ☐ Disputed                                                   |                                              |            |
|                  | ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|                  | ☐ Check if this claim is for a community                                     | ☐ Student loans                                              |                                              |            |
|                  | debt<br>Is the claim subject to offset?                                      | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|                  | ■ No                                                                         | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
|                  | ☐ Yes                                                                        | ■ Other. Specify Bankcard                                    | Company Account First A Division Of          |            |
| 4.1<br>5         | Synchrony Bank/Sams                                                          | Last 4 digits of account number                              | 1892                                         | \$1,068.00 |
|                  | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 103104 Roswell, GA 30076 | When was the debt incurred?                                  | Opened 4/01/13 Last Active 2/13/15           |            |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.          | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|                  | ■ Debtor 1 only                                                              | ☐ Contingent                                                 |                                              |            |
|                  | ☐ Debtor 2 only                                                              | ☐ Unliquidated                                               |                                              |            |
|                  | ☐ Debtor 1 and Debtor 2 only                                                 | ☐ Disputed                                                   |                                              |            |
|                  | ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|                  | ☐ Check if this claim is for a community                                     | ☐ Student loans                                              |                                              |            |
|                  | debt Is the claim subject to offset?                                         | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|                  | ■ No                                                                         | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
|                  | Yes                                                                          | Other. Specify Charge Acc                                    | count                                        |            |
| 4.1<br>6         | Synchrony Bank/Walmart  Nonpriority Creditor's Name                          | Last 4 digits of account number                              | 1804                                         | \$1,946.00 |
|                  | Attn: Bankruptcy<br>Po Box 103104<br>Roswell, GA 30076                       | When was the debt incurred?                                  | Opened 6/01/12 Last Active 12/07/14          |            |
|                  | Number Street City State ZIp Code Who incurred the debt? Check one.          | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|                  | ■ Debtor 1 only                                                              | ☐ Contingent                                                 |                                              |            |
|                  | Debtor 2 only                                                                | ☐ Unliquidated                                               |                                              |            |
|                  | ☐ Debtor 1 and Debtor 2 only                                                 | □ Disputed                                                   |                                              |            |
|                  | ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|                  | ☐ Check if this claim is for a community                                     | ☐ Student loans                                              |                                              |            |
|                  | debt Is the claim subject to offset?                                         | report as priority claims                                    | ration agreement or divorce that you did not |            |
|                  | ■ No                                                                         | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
|                  | ☐ Yes                                                                        | Other. Specify Charge Acc                                    | count                                        |            |

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| Kanyanat Miller                                                                                           |                                                                | Case number (if know)                         |        |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|--------|
| Synchrony Bank/Walmart                                                                                    | Last 4 digits of account number                                | 5019                                          | \$72   |
| Nonpriority Creditor's Name<br>Attn: Bankruptcy<br>Po Box 103104<br>Roswell, GA 30076                     | When was the debt incurred?                                    | Opened 4/01/13 Last Active 10/14/15           |        |
| Number Street City State Zlp Code                                                                         | As of the date you file, the claim i                           | is: Check all that apply                      |        |
| Who incurred the debt? Check one.                                                                         |                                                                |                                               |        |
| Debtor 1 only                                                                                             | ☐ Contingent                                                   |                                               |        |
| Debtor 2 only                                                                                             | ☐ Unliquidated                                                 |                                               |        |
| Debtor 1 and Debtor 2 only                                                                                | ☐ Disputed                                                     |                                               |        |
| At least one of the debtors and another                                                                   | Type of NONPRIORITY unsecured                                  | d claim:                                      |        |
| Check if this claim is for a community                                                                    | Student loans                                                  |                                               |        |
| debt<br>s the claim subject to offset?                                                                    | ☐ Obligations arising out of a sepa report as priority claims  | aration agreement or divorce that you did not |        |
| No                                                                                                        | Debts to pension or profit-sharin                              | g plans, and other similar debts              |        |
| Yes                                                                                                       | Other. Specify Charge Acc                                      | count                                         |        |
| Target                                                                                                    | Last 4 digits of account number                                | 3874                                          | \$2,87 |
| Nonpriority Creditor's Name C/O Financial & Retail Services Mailstop BT PO Box 9475                       | When was the debt incurred?                                    | Opened 12/01/11 Last Active 10/08/15          |        |
| Minneapolis, MN 55440  Number Street City State Zlp Code                                                  | As of the date you file, the claim i                           | is: Check all that apply                      |        |
| Who incurred the debt? Check one.                                                                         | •                                                              | ,                                             |        |
| Debtor 1 only                                                                                             | ☐ Contingent                                                   |                                               |        |
| Debtor 2 only                                                                                             | ☐ Unliquidated                                                 |                                               |        |
| Debtor 1 and Debtor 2 only                                                                                | ☐ Disputed                                                     |                                               |        |
| ☐ At least one of the debtors and another                                                                 | Type of NONPRIORITY unsecured                                  | d claim:                                      |        |
| ☐ Check if this claim is for a community                                                                  | ☐ Student loans                                                |                                               |        |
| debt<br>s the claim subject to offset?                                                                    | Obligations arising out of a separeport as priority claims     | aration agreement or divorce that you did not |        |
| s the claim subject to onset?                                                                             | Debts to pension or profit-sharin                              | a plane, and other similar debte              |        |
| ■ No<br>□ Yes                                                                                             | Other. Specify Credit Card                                     |                                               |        |
|                                                                                                           | — Other. Specify                                               |                                               |        |
| Target                                                                                                    | Last 4 digits of account number                                | 6039                                          | \$44   |
| Nonpriority Creditor's Name C/O Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440 | When was the debt incurred?                                    | Opened 5/01/13 Last Active 12/02/15           |        |
| Number Street City State Zlp Code                                                                         | As of the date you file, the claim i                           | is: Check all that apply                      |        |
| Who incurred the debt? Check one.                                                                         |                                                                |                                               |        |
| Debtor 1 only                                                                                             | ☐ Contingent                                                   |                                               |        |
| Debtor 2 only                                                                                             | ☐ Unliquidated                                                 |                                               |        |
| Debtor 1 and Debtor 2 only                                                                                | Disputed                                                       |                                               |        |
| At least one of the debtors and another                                                                   | Type of NONPRIORITY unsecured                                  | d claim:                                      |        |
| ☐ Check if this claim is for a community                                                                  | ☐ Student loans                                                |                                               |        |
| s the claim subject to offset?                                                                            | Obligations arising out of a sepa<br>report as priority claims | aration agreement or divorce that you did not |        |
| -                                                                                                         | <u></u>                                                        |                                               |        |
| No                                                                                                        | Debts to pension or profit-sharin                              | ig plans, and other similar debts             |        |

Part 3: List Others to Be Notified About a Debt That You Already Listed

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| Debtor 1 | Jason Eric Miller |                       |  |
|----------|-------------------|-----------------------|--|
| Debtor 2 | Kanyanat Miller   | Case number (if know) |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |                                                                                                         |     |          | Total Claim |
|-----------------------|-----|---------------------------------------------------------------------------------------------------------|-----|----------|-------------|
|                       | 6a. | Domestic support obligations                                                                            | 6a. | \$       | 0.00        |
| Total                 |     |                                                                                                         |     |          |             |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government                                                    | 6b. | \$       | 0.00        |
|                       | 6c. | Claims for death or personal injury while you were intoxicated                                          | 6c. | \$       | 0.00        |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$       | 0.00        |
|                       | ou. | one: Add an other priority disecured claims. Write that amount here.                                    | ou. | Ψ        | 0.00        |
|                       | 6e. | Total Priority. Add lines 6a through 6d.                                                                | 6e. | \$       | 0.00        |
|                       |     |                                                                                                         |     |          | Total Claim |
|                       | 6f. | Student loans                                                                                           | 6f. | \$       | 22,165.00   |
| Total claims          |     |                                                                                                         |     |          |             |
| from Part 2           | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$       | 0.00        |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$       | 0.00        |
|                       | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount                                    | 6i. | <u> </u> | 34,121.53   |
|                       |     | here.                                                                                                   |     | Φ        | J-,121.00   |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.                                                             | 6j. | \$       | 56,286.53   |

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

|                     |                          | DOCUME            | <u>III — Paue zo ul 55 — </u> |                                      |
|---------------------|--------------------------|-------------------|-------------------------------|--------------------------------------|
| Fill in this infor  | rmation to identify your | case:             |                               |                                      |
| Debtor 1            | Jason Eric Miller        |                   |                               |                                      |
|                     | First Name               | Middle Name       | Last Name                     |                                      |
| Debtor 2            | Kanyanat Miller          |                   |                               |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name                     |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION |                                      |
| Case number         |                          |                   |                               | Charle if this is an                 |
| (II KIIOWII)        |                          |                   |                               | ☐ Check if this is an amended filing |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Number | whom you have the<br>r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|-----------------------------------------------------|---------------------|-----------------------------------------|
| 2.1 |           |                                |                                                     |                     |                                         |
|     | Name      |                                |                                                     |                     |                                         |
|     | Number    | Street                         |                                                     |                     | _                                       |
|     | City      |                                | State                                               | ZIP Code            | _                                       |
| 2.2 |           |                                |                                                     |                     | _                                       |
|     | Name      |                                |                                                     |                     |                                         |
|     | Number    | Street                         |                                                     |                     |                                         |
|     | City      |                                | State                                               | ZIP Code            | <u> </u>                                |
| 2.3 | Oity      |                                | Otate                                               | Zii Code            |                                         |
| 2.0 | Name      |                                |                                                     |                     | _                                       |
|     | Number    | Street                         |                                                     |                     | _                                       |
|     | City      |                                | State                                               | ZIP Code            | _                                       |
| 2.4 | ,         |                                |                                                     |                     |                                         |
|     | Name      |                                |                                                     |                     | _                                       |
|     | Number    | Street                         |                                                     |                     |                                         |
|     | City      |                                | State                                               | ZIP Code            | _                                       |
| 2.5 | July      |                                | <u> </u>                                            | <u> </u>            |                                         |
|     | Name      |                                |                                                     |                     | _                                       |
|     | Number    | Street                         |                                                     |                     | _                                       |
|     | City      |                                | State                                               | ZIP Code            | <u> </u>                                |
|     | July      |                                | <u> </u>                                            | <u> </u>            |                                         |

|                                               |                                                                                                                                   | Docume                                                                                                           | ent Page 29 d                                                      | ) <u>r 55                                   </u>                          |                                                                                                                                            |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Fill in this in                               | formation to identify your                                                                                                        | case:                                                                                                            |                                                                    |                                                                           |                                                                                                                                            |
| Debtor 1                                      | Jason Eric Miller                                                                                                                 |                                                                                                                  |                                                                    |                                                                           |                                                                                                                                            |
| 200101 1                                      | First Name                                                                                                                        | Middle Name                                                                                                      | Last Name                                                          |                                                                           |                                                                                                                                            |
| Debtor 2                                      | Kanyanat Miller                                                                                                                   |                                                                                                                  |                                                                    |                                                                           |                                                                                                                                            |
| (Spouse if, filing)                           | First Name                                                                                                                        | Middle Name                                                                                                      | Last Name                                                          |                                                                           |                                                                                                                                            |
| United States                                 | s Bankruptcy Court for the:                                                                                                       | NORTHERN DISTRICT                                                                                                | OF ILLINOIS, EASTER                                                | N DIVISION                                                                |                                                                                                                                            |
| Case numbe<br>(if known)                      | r                                                                                                                                 |                                                                                                                  |                                                                    |                                                                           | ☐ Check if this is an amended filing                                                                                                       |
| Schedu<br>Codebtors ar                        |                                                                                                                                   | re also liable for any del                                                                                       |                                                                    |                                                                           | 12/15 te as possible. If two married                                                                                                       |
| ill it out, and<br>our name a                 | I number the entries in the<br>nd case number (if known)                                                                          | boxes on the left. Attack<br>. Answer every question                                                             | n the Additional Page t                                            | o this page. On the top                                                   | eeded, copy the Additional Page,<br>of any Additional Pages, write                                                                         |
| 1. Do yo                                      | ou have any codebtors? (If                                                                                                        | you are filing a joint case,                                                                                     | do not list eitner spouse                                          | as a codeptor.                                                            |                                                                                                                                            |
| ■ No<br>□ Yes                                 |                                                                                                                                   |                                                                                                                  |                                                                    |                                                                           |                                                                                                                                            |
| Arizona,  No. G Yes. [  3. In Columnin line 2 | California, Idaho, Louisiana, o to line 3. Did your spouse, former spousenn 1, list all of your codebt again as a codebtor only i | Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>ors. Do not include your<br>f that person is a guaran | e with you at the time? spouse as a codebtor tor or cosigner. Make | ington, and Wisconsin.)  if your spouse is filing sure you have listed th | y states and territories include  g with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| out Colu                                      |                                                                                                                                   | Tomi rooth j, or other                                                                                           | ule o (official i offii io                                         | ooj. Ose ochedule b, (                                                    | ochedule Lit, or ochedule o to fill                                                                                                        |
|                                               | olumn 1: Your codebtor<br>me, Number, Street, City, State and Zl                                                                  | P Code                                                                                                           |                                                                    | Column 2: The cree<br>Check all schedule:                                 | ditor to whom you owe the debt s that apply:                                                                                               |
| 3.1 Na                                        |                                                                                                                                   |                                                                                                                  |                                                                    | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line                | ne                                                                                                                                         |
| Nu<br>Cit                                     | mber Street<br>y                                                                                                                  | State                                                                                                            | ZIP Code                                                           |                                                                           |                                                                                                                                            |
| 3.2                                           |                                                                                                                                   |                                                                                                                  |                                                                    | ☐ Schedule D, line                                                        |                                                                                                                                            |
| Na                                            | me                                                                                                                                |                                                                                                                  |                                                                    | ☐ Schedule E/F, line ☐ Schedule G, line                                   |                                                                                                                                            |
| Nu<br>Cit                                     | mber Street                                                                                                                       | State                                                                                                            | ZIP Code                                                           | _                                                                         |                                                                                                                                            |
| City                                          | J.                                                                                                                                | Ciaio                                                                                                            | ZII. COUC                                                          |                                                                           |                                                                                                                                            |

| Fill in this informat           | tion to identify your case:                                             |                                                                                                                     |
|---------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Debtor 1                        | Jason Eric Miller                                                       |                                                                                                                     |
| Debtor 2<br>(Spouse, if filing) | Kanyanat Miller                                                         |                                                                                                                     |
| United States Ban               | skruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION |                                                                                                                     |
| Case number<br>(If known)       |                                                                         | Check if this is:  An amended filing  A supplement showing postpetition chapter 13 income as of the following date: |
| Official Fo                     | <u>rm 106l</u>                                                          | MM / DD/ YYYY                                                                                                       |

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Fill in your employment information.                        |                      | Debtor 1                                     | Debtor 2 or non-filing spouse            |
|-------------------------------------------------------------|----------------------|----------------------------------------------|------------------------------------------|
| If you have more than one job,                              | Employment status    | ■ Employed                                   | ■ Employed                               |
| attach a separate page with information about additional    | Employment status    | ☐ Not employed                               | ☐ Not employed                           |
| employers.                                                  | Occupation           | planner                                      | Assembler                                |
| Include part-time, seasonal, or self-employed work.         | Employer's name      | Express Employment Professionals             | Bison Gear and Engineering Cor           |
| Occupation may include student or homemaker, if it applies. | Employer's address   | 1815 West Diehl Road<br>Naperville, IL 60563 | 3850 Ohio Ave<br>Saint Charles, IL 60174 |
|                                                             | How long employed ti | here? 2 months                               | 10 years                                 |

**Give Details About Monthly Income** 

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,931.00 3,268.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 3,268.00 3,931.00

Official Form 106I Schedule I: Your Income page 1

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| Deb<br>Deb | tor 1<br>tor 2                  | Jason Eric Miller<br>Kanyanat Miller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                               | Cas      | se number (if known)                 |          |                                      |         |
|------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------|--------------------------------------|----------|--------------------------------------|---------|
|            |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | F        | or Debtor 1                          |          | or Debtor 2 or<br>on-filing spouse   |         |
|            | Cop                             | y line 4 here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4.                              | \$       | 3,268.00                             | \$       | 3,931.00                             |         |
| 5.         | List                            | all payroll deductions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |          |                                      |          |                                      |         |
|            | 5a.                             | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5a.                             | \$       | 796.00                               | \$       | 903.00                               |         |
|            | 5b.                             | Mandatory contributions for retirement plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5b.                             | \$       | 0.00                                 | \$       | 0.00                                 |         |
|            | 5c.                             | Voluntary contributions for retirement plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5c.                             | \$       | 0.00                                 | \$       | 0.00                                 |         |
|            | 5d.                             | Required repayments of retirement fund loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5d.                             | \$       | 0.00                                 | \$       | 160.00                               |         |
|            | 5e.                             | Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5e.                             | \$       | 120.00                               | \$       | 307.05                               |         |
|            | 5f.                             | Domestic support obligations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5f.                             | \$       | 0.00                                 | \$       | 0.00                                 |         |
|            | 5g.                             | Union dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5g.                             | \$       | 0.00                                 | \$       | 37.00                                |         |
|            | 5h.                             | Other deductions. Specify: ACA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5h.+                            | + \$     | 0.00                                 | + \$     | 11.43                                |         |
|            |                                 | life insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | \$       | 0.00                                 | \$       | 22.41                                |         |
| 6.         | Add                             | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6.                              | \$       | 916.00                               | \$       | 1,440.89                             |         |
| 7.         | Cal                             | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7.                              | \$       | 2,352.00                             | \$       | 2,490.11                             |         |
| 8.         | 8b.<br>8c.<br>8d.<br>8e.<br>8f. | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental | 8a.<br>8b.<br>8c.<br>8d.<br>8e. | \$ \$ \$ | 0.00<br>0.00<br>0.00<br>0.00<br>0.00 | \$ \$ \$ | 0.00<br>0.00<br>0.00<br>0.00<br>0.00 |         |
|            |                                 | Nutrition Assistance Program) or housing subsidies. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8f.                             | \$       | 0.00                                 | \$       | 0.00                                 |         |
|            | 8g.                             | Pension or retirement income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _ 8g.                           | \$       | 0.00                                 | \$       | 0.00                                 |         |
|            | 8h.                             | Other monthly income. Specify: lucky star gross income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8h.+                            |          |                                      | + \$     | 417.00                               |         |
| 9.         | Add                             | all other income. Add lines 8a+8b+8c+8d+8e+8f+8q+8h.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _<br>9.                         | \$       | 0.00                                 | \$       | 417.00                               |         |
|            |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |          |                                      | Ŀ        |                                      |         |
| 10.        |                                 | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10. \$                          |          | 2,352.00 + \$                        | 2        | 2,907.11 = \$5                       | ,259.11 |
| 11.        | Inclu<br>othe                   | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | depen                           |          |                                      | •        |                                      | 0.00    |
| 12.        |                                 | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |          |                                      |          |                                      | ,259.11 |
| 13.        | Do y                            | you expect an increase or decrease within the year after you file this form'  No.  Yes Explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ?                               |          |                                      |          | monthly i                            |         |

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| E:u-:           | Alain in fam.                | diam to identify                                      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    |                   |                               |  |
|-----------------|------------------------------|-------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------|-------------------|-------------------------------|--|
|                 |                              | ation to identify yo                                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    |                   |                               |  |
| Debto           | or 1                         | Jason Eric Miller                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Check if this is:  An amended filing     |                    |                   |                               |  |
| Debto           | or 2                         | Kanyanat Mi                                           | iller                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    | A supplement show | ving postpetition chapter     |  |
| (Spot           | use, if filing)              |                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    | 13 expenses as of | the following date:           |  |
| Unite           | d States Bank                | ruptcy Court for the                                  |                          | IERN DISTRICT OF ILLING<br>RN DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OIS,                                     | =                  | MM / DD / YYYY    |                               |  |
| Case<br>(If kno | number                       |                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    |                   |                               |  |
| Off             | ficial Fo                    | orm 106J                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    |                   |                               |  |
| Sc              | hedule                       | J: Your                                               | Exper                    | ises                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                    |                   | 12/1                          |  |
| infor           | mation. If n<br>ber (if know | nore space is ne<br>vn). Answer eve                   | eded, atta<br>ry questio | . If two married people anch another sheet to this to the sheet to this to the sheet to the shee |                                          |                    |                   |                               |  |
| Part<br>1.      | 1: Desc<br>Is this a joi     | ribe Your House nt case?                              | hold                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    |                   |                               |  |
|                 | □ No. Go to                  |                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    |                   |                               |  |
|                 | _                            | es Debtor 2 live                                      | in a separ               | ate household?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |                    |                   |                               |  |
|                 | ■ N                          |                                                       | st file Offici           | al Form 106J-2, <i>Expenses</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | for Separate House                       | <i>hold</i> of Deb | tor 2.            |                               |  |
| 2.              | Do you hay                   | re dependents?                                        | ■ No                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    |                   |                               |  |
|                 | •                            | e dependents:<br>Debtor 1 and                         | ■ No □ Yes.              | Fill out this information for each dependent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Dependent's relati<br>Debtor 1 or Debtor |                    | Dependent's age   | Does dependent live with you? |  |
|                 | Do not state                 | the                                                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    |                   | □ No                          |  |
|                 | dependents                   | names.                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    |                   | ☐ Yes                         |  |
|                 |                              |                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    |                   | □ No                          |  |
|                 |                              |                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    |                   | ☐ Yes<br>☐ No                 |  |
|                 |                              |                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    |                   | □ No<br>□ Yes                 |  |
|                 |                              |                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    |                   | □ No                          |  |
|                 |                              |                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    |                   | ☐ Yes                         |  |
|                 | expenses of                  | penses include<br>of people other t<br>d your depende | han ┌                    | No<br>Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                    |                   |                               |  |
| expe            | nate your e                  | a date after the                                      | our bankr                | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |                    |                   |                               |  |
| • • •           |                              |                                                       | nan1                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Lugar los esse                           |                    |                   |                               |  |
| the v           |                              | h assistance an                                       |                          | government assistance it cluded it on Schedule I: Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                    | Your exp          | enses                         |  |
|                 |                              | or home owners<br>nd any rent for th                  |                          | ses for your residence. In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nclude first mortgage                    | 4. \$              | ·                 | 1,400.00                      |  |
|                 | If not inclu                 | ded in line 4:                                        |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                    |                   |                               |  |
|                 | 4a. Real                     | estate taxes                                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | 4a. \$             |                   | 0.00                          |  |
|                 |                              | erty, homeowner's                                     | s, or renter             | 's insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          | 4b. \$             |                   | 0.00                          |  |
|                 |                              |                                                       |                          | upkeep expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | 4c. \$             |                   | 0.00                          |  |
|                 |                              | eowner's associa                                      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ma aquitu lasas                          | 4d. \$             |                   | 0.00                          |  |
| 5.              | Auditional                   | mortgage paym                                         | ents for yo              | our residence, such as ho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ne equity loans                          | 5. \$              |                   | 0.00                          |  |

# Case 16-24621 Doc 1 Filed 07/31/16 Entered 07/31/16 20:26:28 Desc Main Document Page 33 of 55

| Debtor 1<br>Debtor 2 |                                                                                                                                                                                                                                                                                                         | Jason Er<br>Kanyana |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Case num              | Case number (if known) |          |  |  |  |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|----------|--|--|--|
| 6.                   | Utiliti                                                                                                                                                                                                                                                                                                 | ies:                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                        |          |  |  |  |
| -                    | 6a.                                                                                                                                                                                                                                                                                                     |                     | heat, natural gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6a.                   | \$                     | 160.00   |  |  |  |
|                      | 6b.                                                                                                                                                                                                                                                                                                     | Water, sev          | wer, garbage collection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6b.                   | \$                     | 60.00    |  |  |  |
|                      | 6c.                                                                                                                                                                                                                                                                                                     | Telephone           | e, cell phone, Internet, satellite, and cable services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6c.                   | \$                     | 150.00   |  |  |  |
|                      | 6d.                                                                                                                                                                                                                                                                                                     | Other. Spe          | ecify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6d.                   | \$                     | 0.00     |  |  |  |
| 7.                   | Food                                                                                                                                                                                                                                                                                                    |                     | ekeeping supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7.                    | \$                     | 300.00   |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | hildren's education costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8.                    | \$                     | 0.00     |  |  |  |
| 9.                   | Cloth                                                                                                                                                                                                                                                                                                   | ning, laund         | ry, and dry cleaning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9.                    | \$                     | 40.00    |  |  |  |
| 10.                  | Perso                                                                                                                                                                                                                                                                                                   | onal care p         | products and services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10.                   | \$                     | 30.00    |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         | •                   | ntal expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11.                   | \$                     | 20.00    |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | Include gas, maintenance, bus or train fare.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | *                      |          |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | ar payments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 12.                   | \$                     | 225.00   |  |  |  |
| 13.                  | Ente                                                                                                                                                                                                                                                                                                    | rtainment,          | clubs, recreation, newspapers, magazines, and books                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13.                   | \$                     | 0.00     |  |  |  |
| 14.                  | Char                                                                                                                                                                                                                                                                                                    | itable cont         | ributions and religious donations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 14.                   | \$                     | 0.00     |  |  |  |
| 15.                  | Insur                                                                                                                                                                                                                                                                                                   | rance.              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                        |          |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | surance deducted from your pay or included in lines 4 or 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                        |          |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         | Life insura         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15a.                  | *                      | 0.00     |  |  |  |
|                      | 15b.                                                                                                                                                                                                                                                                                                    | Health ins          | urance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 15b.                  | \$                     | 0.00     |  |  |  |
|                      | 15c.                                                                                                                                                                                                                                                                                                    | Vehicle ins         | surance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 15c.                  | \$                     | 140.00   |  |  |  |
|                      | 15d.                                                                                                                                                                                                                                                                                                    | Other insu          | ırance. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15d.                  | \$                     | 0.00     |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | clude taxes deducted from your pay or included in lines 4 or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                        |          |  |  |  |
|                      | Spec                                                                                                                                                                                                                                                                                                    |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16.                   | \$                     | 0.00     |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | ease payments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | •                      |          |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         | . ,                 | ents for Vehicle 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17a.                  | ·                      | 311.61   |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | ents for Vehicle 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17b.                  | ·                      | 0.00     |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         | Other. Spe          | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 17c.                  | ·                      | 0.00     |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         | Other. Spe          | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 17d.                  | \$                     | 0.00     |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | of alimony, maintenance, and support that you did not r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       | ¢.                     | 0.00     |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | your pay on line 5, Schedule I, Your Income (Official For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | m 106l). 18.          | ·                      |          |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | s you make to support others who do not live with you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 40                    | \$                     | 0.00     |  |  |  |
|                      | Spec                                                                                                                                                                                                                                                                                                    | ,                   | outs, associate and included in lines 4 or E of this form or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 19.                   | Incomo                 |          |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | erty expenses not included in lines 4 or 5 of this form or<br>s on other property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 20a.                  |                        | 0.00     |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20a.<br>20b.          | · ·                    |          |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         | Real estat          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | ·                      | 0.00     |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | homeowner's, or renter's insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20c.                  | ·                      | 0.00     |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | nce, repair, and upkeep expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 20d.                  | ·                      | 0.00     |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | er's association or condominium dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 20e.                  | ·                      | 0.00     |  |  |  |
| 21.                  | Othe                                                                                                                                                                                                                                                                                                    | r: Specify:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 21.                   | +\$                    | 0.00     |  |  |  |
| 22.                  | Calcı                                                                                                                                                                                                                                                                                                   | ulate your i        | monthly expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                        |          |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         | -                   | through 21.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       | \$                     | 2,836.61 |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | 2 (monthly expenses for Debtor 2), if any, from Official Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 106J-2                | \$                     | 2,675.77 |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | a and 22b. The result is your monthly expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | \$                     | 5,512.38 |  |  |  |
|                      | 220. /                                                                                                                                                                                                                                                                                                  | Add IIIIC ZZC       | a and 225. The result is your monthly expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | Ψ                      | 3,312.30 |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                         |                     | monthly net income.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                        |          |  |  |  |
|                      | 23a.                                                                                                                                                                                                                                                                                                    | Copy line           | 12 (your combined monthly income) from Schedule I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 23a.                  | \$                     | 5,259.11 |  |  |  |
|                      | 23b.                                                                                                                                                                                                                                                                                                    | Copy your           | monthly expenses from line 22c above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 23b.                  | -\$                    | 5,512.38 |  |  |  |
|                      | 00-                                                                                                                                                                                                                                                                                                     | Ch.t a.t            | and the latest and th |                       |                        |          |  |  |  |
|                      | 23C.                                                                                                                                                                                                                                                                                                    |                     | our monthly expenses from your monthly income. is your <i>monthly net income</i> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 23c.                  | \$                     | -253.27  |  |  |  |
| 24                   | Do w                                                                                                                                                                                                                                                                                                    | on ovecet           | an increase or decrease in your expenses within the was                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | r after ven file this | form?                  |          |  |  |  |
|                      | Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                        |          |  |  |  |
|                      | ■ No                                                                                                                                                                                                                                                                                                    | 0.                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                        |          |  |  |  |
|                      | — 1 <b>1</b> 0                                                                                                                                                                                                                                                                                          |                     | Explain here:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                        |          |  |  |  |
|                      | _ 16                                                                                                                                                                                                                                                                                                    | <del>.</del> 0.     | Explain floto.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                        |          |  |  |  |

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|                                              | otor 1<br>otor 2                            | Jason Eric Miller<br>Kanyanat Miller                                                                          |                                     |                                                                                                                    | Case                                              | e num                                                                                              | ber (i        | if known)                           |                                                 |  |  |
|----------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------|-------------------------------------|-------------------------------------------------|--|--|
| Fill                                         | in this                                     | information to identify yo                                                                                    | ur case:                            |                                                                                                                    |                                                   |                                                                                                    |               |                                     |                                                 |  |  |
| Deb                                          | tor 1                                       | Jason Eric M                                                                                                  | iller                               |                                                                                                                    | С                                                 | heck                                                                                               | if th         | is is:                              |                                                 |  |  |
| Debtor 2 Kanyanat Miller (Spouse, if filing) |                                             |                                                                                                               |                                     |                                                                                                                    |                                                   | An amended filing  A supplement showing postpetition chapter 13 expenses as of the following date: |               |                                     |                                                 |  |  |
|                                              |                                             | G/                                                                                                            |                                     |                                                                                                                    |                                                   |                                                                                                    |               |                                     |                                                 |  |  |
| Unite                                        | ed State                                    | es Bankruptcy Court for the:                                                                                  |                                     | HERN DISTRICT OF ILLING<br>ERN DIVISION                                                                            | OIS,                                              | N                                                                                                  | 1M /          | DD / YYYY                           |                                                 |  |  |
|                                              | e numb<br>nown)                             |                                                                                                               |                                     |                                                                                                                    |                                                   |                                                                                                    |               |                                     |                                                 |  |  |
| (11 10                                       |                                             |                                                                                                               |                                     |                                                                                                                    |                                                   | F                                                                                                  | iling         | Spouse Separate                     | e Expenses                                      |  |  |
|                                              |                                             | al Form 106J-2                                                                                                |                                     |                                                                                                                    |                                                   | _ • -                                                                                              |               | f Daletan (                         |                                                 |  |  |
|                                              |                                             |                                                                                                               |                                     | enses for Sepa                                                                                                     |                                                   |                                                                                                    |               |                                     |                                                 |  |  |
| Dek<br>forr<br>spa                           | btor 2<br>m only<br>ice is i<br>swer e      | have one or more depe<br>with respect to expens                                                               | endents in<br>ses for D<br>sheet to | usehold expenses ONLY In common, list the dependent of the terminal that are not report this form. On the top of a | dents on both Schedule<br>ted on Schedule J. Be a | <i>J al</i><br>as co                                                                               | nd th<br>ompl | nis form. Answe<br>ete and accurate | er the questions on this e as possible. If more |  |  |
| 1.                                           | Do y                                        | ou and Debtor 1 mainta<br>No. Do not complete t<br>Yes                                                        | -                                   | ate households?                                                                                                    |                                                   |                                                                                                    |               |                                     |                                                 |  |  |
| 2.                                           | Do y                                        | ou have dependents?                                                                                           | □ No                                |                                                                                                                    |                                                   |                                                                                                    |               |                                     |                                                 |  |  |
|                                              | list al<br>depe<br>regar<br>listed<br>of De | ot list Debtor 1 but Il other Indents of Debtor 2 Irdless of whether It as a dependent It both 1 on Irdlesday | ■ Yes.                              | Fill out this information for each dependent                                                                       | Dependent's relationsh<br>Debtor 2                | ip to                                                                                              |               | Dependent's<br>age                  | Does dependent<br>live with you?                |  |  |
|                                              |                                             | ot state the                                                                                                  |                                     |                                                                                                                    |                                                   |                                                                                                    |               |                                     | □ No                                            |  |  |
|                                              | depe                                        | endents names.                                                                                                |                                     |                                                                                                                    | Daughter                                          |                                                                                                    |               | 17                                  | Yes                                             |  |  |
|                                              |                                             |                                                                                                               |                                     |                                                                                                                    |                                                   |                                                                                                    |               |                                     | □ No<br>□ Yes                                   |  |  |
|                                              |                                             |                                                                                                               |                                     |                                                                                                                    |                                                   |                                                                                                    |               |                                     | □ No<br>□ Yes                                   |  |  |
|                                              |                                             |                                                                                                               |                                     |                                                                                                                    |                                                   |                                                                                                    |               |                                     | □ No<br>□ Yes                                   |  |  |
| 3.                                           | expe                                        | our expenses include<br>enses of people other the<br>self and your depender                                   | nan _                               | No<br>Yes                                                                                                          |                                                   |                                                                                                    |               |                                     | Li Tes                                          |  |  |
|                                              | your                                        | sen and your depender                                                                                         | ILS f                               |                                                                                                                    |                                                   |                                                                                                    |               |                                     |                                                 |  |  |
| Esti                                         |                                             | Estimate Your Ongoing your expenses as of your expenses as of a date after the bases.                         | ur bankı                            | uptcy filing date unless y                                                                                         | ou are using this form a                          | as a                                                                                               | supp          | olement in a Cha                    | pter 13 case to report                          |  |  |
|                                              |                                             |                                                                                                               |                                     | government assistance it<br>on Schedule I: Your Incon                                                              |                                                   |                                                                                                    | Yo            | ur expenses                         |                                                 |  |  |
| 4.                                           |                                             | rental or home owners<br>nents and any rent for the                                                           |                                     | nses for your residence. In<br>or lot.                                                                             | nclude first mortgage                             | 4.                                                                                                 | \$            |                                     | 1,009.00                                        |  |  |
|                                              | If no                                       | t included in line 4:                                                                                         |                                     |                                                                                                                    |                                                   |                                                                                                    |               |                                     |                                                 |  |  |
|                                              | 4a.<br>4b.                                  | Real estate taxes Property, homeowner's                                                                       | , or rente                          | r's insurance                                                                                                      |                                                   | 4a.<br>4b.                                                                                         |               |                                     | 0.00                                            |  |  |

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| Debtor 1<br>Debtor 2 |                | Jason Eric Miller<br>Kanyanat Miller                                                                                                                                                                                                | Case number (if known) |             |                          |  |
|----------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|--------------------------|--|
|                      | 4c.            | Home maintenance, repair, and upkeep expenses                                                                                                                                                                                       | 4c.                    | \$          | 0.00                     |  |
|                      | 4d.            | Homeowner's association or condominium dues                                                                                                                                                                                         | 4d.                    | \$          | 0.00                     |  |
| 5.                   |                | itional mortgage payments for your residence, such as home equity loans                                                                                                                                                             | 5.                     | \$          | 0.00                     |  |
| 6.                   | Utilit         | ties:                                                                                                                                                                                                                               |                        |             |                          |  |
| ٥.                   | 6a.            | Electricity, heat, natural gas                                                                                                                                                                                                      | 6a.                    | \$          | 125.00                   |  |
|                      | 6b.            | Water, sewer, garbage collection                                                                                                                                                                                                    | 6b.                    | \$          | 35.00                    |  |
|                      | 6c.            | Telephone, cell phone, Internet, satellite, and cable services                                                                                                                                                                      | 6c.                    | \$          | 200.00                   |  |
|                      | 6d.            | Other. Specify:                                                                                                                                                                                                                     | 6d.                    | \$          | 0.00                     |  |
| 7.                   | Food           | d and housekeeping supplies                                                                                                                                                                                                         | 7.                     | \$          | 400.00                   |  |
| 8.                   | Child          | dcare and children's education costs                                                                                                                                                                                                | 8.                     | \$          | 0.00                     |  |
| 9.                   | Cloti          | hing, laundry, and dry cleaning                                                                                                                                                                                                     | 9.                     | \$          | 50.00                    |  |
| 10.                  |                | onal care products and services                                                                                                                                                                                                     | 10.                    | \$          | 75.00                    |  |
|                      |                | ical and dental expenses                                                                                                                                                                                                            | 11.                    | \$          | 25.00                    |  |
| 12.                  | Tran           | sportation. Include gas, maintenance, bus or train fare.                                                                                                                                                                            |                        |             |                          |  |
|                      |                | ot include car payments.                                                                                                                                                                                                            | 12.                    | ·           | 250.00                   |  |
| 13.                  | Ente           | rtainment, clubs, recreation, newspapers, magazines, and books                                                                                                                                                                      | 13.                    | \$          | 0.00                     |  |
| 14.                  | Char           | ritable contributions and religious donations                                                                                                                                                                                       | 14.                    | \$          | 0.00                     |  |
| 15.                  |                | rance.                                                                                                                                                                                                                              |                        |             |                          |  |
|                      |                | ot include insurance deducted from your pay or included in lines 4 or 20.                                                                                                                                                           | 4.5                    | •           |                          |  |
|                      |                | Life insurance                                                                                                                                                                                                                      | 15a.                   | ·           | 0.00                     |  |
|                      |                | Health insurance                                                                                                                                                                                                                    | 15b.                   | ·           | 0.00                     |  |
|                      |                | Vehicle insurance                                                                                                                                                                                                                   | 15c.                   | ·           | 70.00                    |  |
|                      |                | Other insurance. Specify:                                                                                                                                                                                                           | 15d.                   | \$          | 0.00                     |  |
|                      | Spec           | es. Do not include taxes deducted from your pay or included in lines 4 or 20.  taxes on Lucky Star job                                                                                                                              | 16.                    | \$          | 75.74                    |  |
| 17.                  |                | allment or lease payments:                                                                                                                                                                                                          | 47-                    | Φ.          |                          |  |
|                      |                | Car payments for Vehicle 1                                                                                                                                                                                                          | 17a.                   | · -         | 361.03                   |  |
|                      |                | Car payments for Vehicle 2                                                                                                                                                                                                          | 17b.                   | ·           | 0.00                     |  |
| 40                   |                | Other. Specify:                                                                                                                                                                                                                     | 17c.                   | \$          | 0.00                     |  |
|                      | dedu           | r payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).                                                                      | 18.                    | \$          | 0.00                     |  |
| 19.                  |                | er payments you make to support others who do not live with you.                                                                                                                                                                    | 40                     | <b>&gt;</b> | 0.00                     |  |
| 20                   | Spec           | ਗ਼ਾ:<br>er real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i>                                                                                                                                       | 19.                    | ur Incomo   |                          |  |
| 20.                  |                | Mortgages on other property                                                                                                                                                                                                         | 20a.                   |             | 0.00                     |  |
|                      |                | Real estate taxes                                                                                                                                                                                                                   | 20a.<br>20b.           | ·           | 0.00                     |  |
|                      |                | Property, homeowner's, or renter's insurance                                                                                                                                                                                        | 20b.<br>20c.           | ·           | 0.00                     |  |
|                      |                | Maintenance, repair, and upkeep expenses                                                                                                                                                                                            | 20d.                   | ·           | 0.00                     |  |
|                      |                | Homeowner's association or condominium dues                                                                                                                                                                                         | 20d.<br>20e.           | ·           | 0.00                     |  |
| 21                   |                | er: Specify:                                                                                                                                                                                                                        | 20e.<br>21.            |             | 0.00                     |  |
| ۷۱.                  | Othic          |                                                                                                                                                                                                                                     |                        | Γ           | 0.00                     |  |
| 22.                  | The            | r monthly expenses. Add lines 5 through 21. result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedu late the total expenses for Debtor 1 and Debtor 2.                                                    | ıle J to               | \$          | 2,675.77                 |  |
|                      | Do y<br>For ex | not used on this form.  rou expect an increase or decrease in your expenses within the year after you expect an increase or decrease in your car loan within the year or do you expect your fication to the terms of your mortgage? |                        |             | or decrease because of a |  |

| No. |
|-----|
|-----|

| ■ No.  |               |
|--------|---------------|
| ☐ Yes. | Explain here: |
|        |               |

| Fill in this info                                | rmation to identify your                                                            | case:                    |                                                |                    |                                                                             |
|--------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------|------------------------------------------------|--------------------|-----------------------------------------------------------------------------|
| Debtor 1                                         | Jason Eric Miller                                                                   |                          |                                                |                    |                                                                             |
| 202101                                           | First Name                                                                          | Middle Name              | Last Name                                      |                    |                                                                             |
| Debtor 2                                         | Kanyanat Miller                                                                     |                          |                                                |                    |                                                                             |
| (Spouse if, filing)                              | First Name                                                                          | Middle Name              | Last Name                                      |                    |                                                                             |
| United States B                                  | Sankruptcy Court for the:                                                           | NORTHERN DISTRICT        | OF ILLINOIS, EASTERN DIVI                      | SION               |                                                                             |
| Case number                                      |                                                                                     |                          |                                                |                    |                                                                             |
| (if known)                                       |                                                                                     |                          |                                                |                    | Check if this is an amended filing                                          |
| You must file the obtaining mone years, or both. | nis form whenever you fi<br>ey or property by fraud ii<br>18 U.S.C. §§ 152, 1341, 1 | le bankruptcy schedules  |                                                | king a false state | ement, concealing property, or<br>00, or imprisonment for up to 20          |
| Sig                                              | gn Below                                                                            |                          |                                                |                    |                                                                             |
| Did you p                                        | ay or agree to pay some                                                             | one who is NOT an attor  | ney to help you fill out bankr                 | ruptcy forms?      |                                                                             |
| ■ No                                             |                                                                                     |                          |                                                |                    |                                                                             |
| ☐ Yes.                                           | Name of person                                                                      |                          |                                                |                    | kruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
| that they a                                      | alty of perjury, I declare<br>are true and correct.                                 | that I have read the sum | mary and schedules filed wit  X /s/ Kanyanat M |                    | on and                                                                      |
|                                                  | n Eric Miller                                                                       |                          | Kanyanat Mille                                 |                    |                                                                             |
|                                                  | ure of Debtor 1                                                                     |                          | Signature of Debt                              |                    |                                                                             |
| Date                                             | July 31, 2016                                                                       |                          | Date July 31,                                  | 2016               |                                                                             |

| 31          | l in this inform   | nation to identify you                                                          | r case:                                                         |                                                       |                                                                |                                                       |  |  |  |
|-------------|--------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------|--|--|--|
|             |                    |                                                                                 |                                                                 |                                                       |                                                                |                                                       |  |  |  |
| De          | ebtor 1            | Jason Eric Mille First Name                                                     | Middle Name                                                     | Last Name                                             |                                                                |                                                       |  |  |  |
| De          | btor 2             | Kanyanat Miller                                                                 |                                                                 |                                                       |                                                                |                                                       |  |  |  |
| (Sp         | ouse if, filing)   | First Name                                                                      | Middle Name                                                     | Last Name                                             |                                                                |                                                       |  |  |  |
| Un          | ited States Ba     | nkruptcy Court for the:                                                         | NORTHERN DISTRICT C                                             | OF ILLINOIS, EASTERN DIVI                             | SION                                                           |                                                       |  |  |  |
| Ca          | se number          |                                                                                 |                                                                 |                                                       |                                                                |                                                       |  |  |  |
| (if k       | nown)              |                                                                                 |                                                                 |                                                       | _                                                              | theck if this is an mended filing                     |  |  |  |
| _           | · · · · -          | 407                                                                             |                                                                 |                                                       |                                                                |                                                       |  |  |  |
|             | fficial Fo         |                                                                                 | A ( (                                                           |                                                       | 1                                                              |                                                       |  |  |  |
| St          | atement            | of Financial                                                                    | Affairs for Individ                                             | duals Filing for B                                    | ankruptcy                                                      | 4/1                                                   |  |  |  |
| info<br>nur | ormation. If m     | nore space is needed,<br>n). Answer every que                                   | attach a separate sheet to                                      | this form. On the top of any                          | equally responsible for sup<br>additional pages, write you     |                                                       |  |  |  |
| 1.          |                    | r current marital statu                                                         | ıs?                                                             |                                                       |                                                                |                                                       |  |  |  |
|             | <b>.</b>           |                                                                                 |                                                                 |                                                       |                                                                |                                                       |  |  |  |
|             | ■ Married □ Not ma |                                                                                 |                                                                 |                                                       |                                                                |                                                       |  |  |  |
| 2.          | During the I       | During the last 3 years, have you lived anywhere other than where you live now? |                                                                 |                                                       |                                                                |                                                       |  |  |  |
|             | □ No               |                                                                                 |                                                                 |                                                       |                                                                |                                                       |  |  |  |
|             | _                  | st all of the places you l                                                      | ived in the last 3 years. Do no                                 | ot include where you live now                         |                                                                |                                                       |  |  |  |
|             |                    |                                                                                 | ·                                                               | •                                                     |                                                                | Data - Dahta - O                                      |  |  |  |
|             | Debtor 1 Pi        | rior Address:                                                                   | Dates Debtor 1 lived there                                      | Debtor 2 Prior Ad                                     | dress:                                                         | Dates Debtor 2<br>lived there                         |  |  |  |
|             |                    |                                                                                 | From-To:                                                        | ☐ Same as Debtor 1                                    |                                                                | ☐ Same as Debtor 1                                    |  |  |  |
|             |                    |                                                                                 |                                                                 | 450 Judd Lane                                         | •                                                              | From-To:<br>till 2015                                 |  |  |  |
|             |                    |                                                                                 |                                                                 | Batavia, IL 6051                                      | 0                                                              | tiii 2015                                             |  |  |  |
|             | ■ No<br>□ Yes. Ma  | <i>ies</i> include Arizona, Ca                                                  | lifornia, Idaho, Louisiana, Ner<br>hedule H: Your Codebtors (Of | vada, New Mexico, Puerto Ri                           | ity property state or territory<br>co, Texas, Washington and W |                                                       |  |  |  |
| 4           |                    |                                                                                 |                                                                 | a a business during this wa                           | or or the two provious sales                                   | ador vooro?                                           |  |  |  |
| 4.          | Fill in the tota   | al amount of income yo                                                          | u received from all jobs and a<br>have income that you receive  | all businesses, including part-                       |                                                                | idar years?                                           |  |  |  |
|             | □ No               |                                                                                 |                                                                 |                                                       |                                                                |                                                       |  |  |  |
|             | ■ Yes. Fil         | I in the details.                                                               |                                                                 |                                                       |                                                                |                                                       |  |  |  |
|             |                    |                                                                                 | Debtor 1                                                        |                                                       | Debtor 2                                                       |                                                       |  |  |  |
|             |                    |                                                                                 | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |  |  |  |
|             |                    |                                                                                 |                                                                 |                                                       |                                                                |                                                       |  |  |  |

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Page 38 of 55 Document **Jason Eric Miller** Debtor 1 Debtor 2 Kanyanat Miller Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) From January 1 of current year until \$24,408.00 \$28,463.00 Wages, commissions, Wages, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$47,213.00 \$55,973.33 For last calendar year: Wages, commissions. Wages, commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$82,505.00 \$1.00 Wages, commissions, Wages, commissions, (January 1 to December 31, 2014) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

□ No. Go to line 7.

> List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address **Dates of payment** Amount you Was this payment for ... Total amount still owe paid

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Page 39 of 55 Document Debtor 1 Jason Eric Miller Debtor 2 Kanyanat Miller Case number (if known) **Creditor's Name and Address** Dates of payment **Total amount** Amount you Was this payment for ... paid still owe **Corporate America Fcu** \$12,070.00 Jeep last 90 days \$1,083.00 ■ Mortgage **Attn: Collections Dept** ■ Car 2075 Big Timber Rd ☐ Credit Card Elgin, IL 60123 ☐ Loan Repayment ☐ Suppliers or vendors □ Other **Corporate America Fcu** Subaru last 90 \$933.00 \$9,944.00 ☐ Mortgage Attn: Collections Dept days Car 2075 Big Timber Rd ☐ Credit Card Elgin, IL 60123 ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other\_ Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Insider's Name and Address **Dates of payment** Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number TB Bnk vs Jason Miller collections **Kane County** □ Pending 100 S Third St 15 SC 3224 □ On appeal Geneva, IL Concluded Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.

**Creditor Name and Address** Value of the Describe the Property Date property **Explain what happened** 

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|     |                                                                                                                                                                                                                                         | lason Eric Miller<br>Kanyanat Miller                                                                          |          | Case nun                                                                                                                  | nber (if known)                   |                          |  |  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------|--|--|
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No  Yes. Fill in the details. |                                                                                                               |          |                                                                                                                           |                                   |                          |  |  |
|     | Credito                                                                                                                                                                                                                                 | or Name and Address                                                                                           | De       | scribe the action the creditor took                                                                                       | Date action was taken             | Amount                   |  |  |
| 12. |                                                                                                                                                                                                                                         | year before you filed for bankru<br>opointed receiver, a custodian, or                                        |          | as any of your property in the possession of er official?                                                                 | f an assignee for the ben         | efit of creditors, a     |  |  |
|     | ☐ Ye                                                                                                                                                                                                                                    | S                                                                                                             |          |                                                                                                                           |                                   |                          |  |  |
| Par | t 5: Li                                                                                                                                                                                                                                 | st Certain Gifts and Contribution                                                                             | S        |                                                                                                                           |                                   |                          |  |  |
| 13. | ■ No                                                                                                                                                                                                                                    | 2 years before you filed for bankru s. Fill in the details for each gift.                                     | ıptcy, d | did you give any gifts with a total value of mo                                                                           | ore than \$600 per person         | ?                        |  |  |
|     | Gifts w                                                                                                                                                                                                                                 | ith a total value of more than \$60 son                                                                       | 0        | Describe the gifts                                                                                                        | Dates you gave the gifts          | Value                    |  |  |
|     | Person<br>Addres                                                                                                                                                                                                                        | to Whom You Gave the Gift and ss:                                                                             |          |                                                                                                                           |                                   |                          |  |  |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No Yes. Fill in the details for each gift or contribution.                               |                                                                                                               |          |                                                                                                                           |                                   |                          |  |  |
|     | more the Charity                                                                                                                                                                                                                        | r contributions to charities that to<br>nan \$600<br>r's Name<br>ss (Number, Street, City, State and ZIP Code |          | Describe what you contributed                                                                                             | Dates you contributed             | Value                    |  |  |
| Par | t 6: Li                                                                                                                                                                                                                                 | st Certain Losses                                                                                             |          |                                                                                                                           |                                   |                          |  |  |
| 15. | Within 1<br>or gaml                                                                                                                                                                                                                     |                                                                                                               | otcy or  | since you filed for bankruptcy, did you lose                                                                              | anything because of the           | ft, fire, other disaster |  |  |
|     | ■ No                                                                                                                                                                                                                                    | s. Fill in the details.                                                                                       |          |                                                                                                                           |                                   |                          |  |  |
|     |                                                                                                                                                                                                                                         | be the property you lost and e loss occurred                                                                  |          | be any insurance coverage for the loss                                                                                    | Date of your loss                 | Value of property lost   |  |  |
|     |                                                                                                                                                                                                                                         |                                                                                                               |          | e the amount that insurance has paid. List pendince claims on line 33 of <i>Schedule A/B: Property</i>                    | ing                               |                          |  |  |
| Par | <b>t 7:</b> Li                                                                                                                                                                                                                          | st Certain Payments or Transfers                                                                              |          |                                                                                                                           |                                   |                          |  |  |
| 16. | Include                                                                                                                                                                                                                                 | ed about seeking bankruptcy or p                                                                              | reparii  | id you or anyone else acting on your behalf   ng a bankruptcy petition? s, or credit counseling agencies for services red |                                   | erty to anyone you       |  |  |
|     | Addres<br>Email o                                                                                                                                                                                                                       | Who Was Paid<br>ss<br>or website address<br>I Who Made the Payment, if Not Y                                  | ou       | Description and value of any property transferred                                                                         | Date payment or transfer was made | Amount of payment        |  |  |
|     | Coste<br>19 N.                                                                                                                                                                                                                          | llo & Costello<br>Western Ave. (RT 31)<br>ntersville, IL 60110                                                |          | \$2000.00 plus costs of \$335.00 court filing fee and credit report \$53.                                                 | Prior to case filing              | \$2,388.00               |  |  |

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Debtor 1 Jason Eric Miller Debtor 2 Kanyanat Miller Case number (if known) **Person Who Was Paid** Description and value of any property Date payment Amount of **Address** transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You **Summit Financial Education** \$9.95 for required credit counseling. Before case \$9.95 filing see date of certificate of credit counseling. 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Amount of Date payment Address transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. П Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was **Address** property transferred payments received or debts made paid in exchange Person's relationship to you Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Nο Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold. before closing or Code) moved, or transfer transferred Wells Fargo XXXX-\$12,000.00 ☐ Checking 2015 closed retirement □ Savings ☐ Money Market ☐ Brokerage Other\_retirement

account

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Debtor 1 Jason Eric Miller
Debtor 2 Kanyanat Miller

Case number (if known)

| 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for cash, or other valuables? |              |                                                                                                                                                                                                  |                                                                                      |              |                           | ory for securities,   |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------|---------------------------|-----------------------|--|--|--|
|                                                                                                                                                            |              | No                                                                                                                                                                                               |                                                                                      |              |                           |                       |  |  |  |
|                                                                                                                                                            |              | Yes. Fill in the details.                                                                                                                                                                        |                                                                                      |              |                           |                       |  |  |  |
|                                                                                                                                                            |              | me of Financial Institution<br>dress (Number, Street, City, State and ZIP Code)                                                                                                                  | Who else had access to it? Address (Number, Street, City, State and ZIP Code)        | Describe the | he contents               | Do you still have it? |  |  |  |
| 22.                                                                                                                                                        | Hav          | e you stored property in a storage unit or pla                                                                                                                                                   | ace other than your home within 1                                                    | year before  | you filed for bankruptcy  | ?                     |  |  |  |
|                                                                                                                                                            |              | No                                                                                                                                                                                               |                                                                                      |              |                           |                       |  |  |  |
|                                                                                                                                                            | Ц            | Yes. Fill in the details.                                                                                                                                                                        |                                                                                      |              |                           |                       |  |  |  |
|                                                                                                                                                            |              | me of Storage Facility dress (Number, Street, City, State and ZIP Code)                                                                                                                          | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe ti  | he contents               | Do you still have it? |  |  |  |
| Pai                                                                                                                                                        | t 9:         | Identify Property You Hold or Control for S                                                                                                                                                      | Someone Else                                                                         |              |                           |                       |  |  |  |
| 23.                                                                                                                                                        |              | you hold or control any property that someoneone.                                                                                                                                                | ne else owns? Include any propert                                                    | y you borro  | owed from, are storing fo | r, or hold in trust   |  |  |  |
|                                                                                                                                                            |              | ■ No □ Yes. Fill in the details.                                                                                                                                                                 |                                                                                      |              |                           |                       |  |  |  |
|                                                                                                                                                            |              | rner's Name<br>dress (Number, Street, City, State and ZIP Code)                                                                                                                                  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)              | Describe t   | he property               | Value                 |  |  |  |
| Pai                                                                                                                                                        | t 10:        | Give Details About Environmental Informa                                                                                                                                                         | ntion                                                                                |              |                           |                       |  |  |  |
|                                                                                                                                                            |              | _                                                                                                                                                                                                |                                                                                      |              |                           |                       |  |  |  |
| or                                                                                                                                                         | the p        | ourpose of Part 10, the following definitions                                                                                                                                                    | apply:                                                                               |              |                           |                       |  |  |  |
|                                                                                                                                                            | toxi<br>regi | rironmental law means any federal, state, or l<br>c substances, wastes, or material into the ai<br>alations controlling the cleanup of these sub<br>means any location, facility, or property as | r, land, soil, surface water, ground<br>ostances, wastes, or material.               | water, or of | ther medium, including s  | tatutes or            |  |  |  |
| _                                                                                                                                                          |              | wn, operate, or utilize it, including disposal                                                                                                                                                   | -                                                                                    | •            | •                         |                       |  |  |  |
|                                                                                                                                                            |              | ardous material means anything an environr<br>ardous material, pollutant, contaminant, or s                                                                                                      |                                                                                      | waste, haz   | ardous substance, toxic   | substance,            |  |  |  |
| Rep                                                                                                                                                        | ort a        | ll notices, releases, and proceedings that yo                                                                                                                                                    | u know about, regardless of when                                                     | they occur   | red.                      |                       |  |  |  |
| 24.                                                                                                                                                        | Has          | any governmental unit notified you that you                                                                                                                                                      | may be liable or potentially liable                                                  | under or in  | violation of an environm  | ental law?            |  |  |  |
|                                                                                                                                                            |              | No<br>Yes. Fill in the details.                                                                                                                                                                  |                                                                                      |              |                           |                       |  |  |  |
|                                                                                                                                                            |              | me of site<br>dress (Number, Street, City, State and ZIP Code)                                                                                                                                   | Governmental unit Address (Number, Street, City, State and ZIP Code)                 |              | nmental law, if you<br>t  | Date of notice        |  |  |  |
| 25.                                                                                                                                                        | Hav          | e you notified any governmental unit of any                                                                                                                                                      | release of hazardous material?                                                       |              |                           |                       |  |  |  |
|                                                                                                                                                            |              | No<br>Yes. Fill in the details.                                                                                                                                                                  |                                                                                      |              |                           |                       |  |  |  |
|                                                                                                                                                            |              | me of site<br>dress (Number, Street, City, State and ZIP Code)                                                                                                                                   | Governmental unit Address (Number, Street, City, State and                           |              | nmental law, if you       | Date of notice        |  |  |  |
|                                                                                                                                                            |              |                                                                                                                                                                                                  | ZIP Code)                                                                            |              |                           |                       |  |  |  |

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| Fill in this infor                     | rmation to identify your                     | case:                                                        |                                                                                                                                           |                                                          |
|----------------------------------------|----------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Debtor 1                               | Jason Eric Miller First Name                 | Middle Name                                                  | Last Name                                                                                                                                 |                                                          |
| Debtor 2<br>(Spouse if, filing)        | Kanyanat Miller First Name                   | Middle Name                                                  | Last Name                                                                                                                                 | -                                                        |
|                                        |                                              |                                                              |                                                                                                                                           |                                                          |
| United States Ba                       | ankruptcy Court for the:                     | NORTHERN DIS                                                 | TRICT OF ILLINOIS, EASTERN DIVISION                                                                                                       | -                                                        |
| Case number (if known)                 |                                              |                                                              |                                                                                                                                           | Check if this is an amended filing                       |
| Official Fo                            |                                              | n for Indiv                                                  | riduals Filing Under Cha                                                                                                                  | pter 7 12/15                                             |
| creditors have lease you must file the | ever is earlier, unless th                   | ur property, or<br>nd the lease has n<br>ithin 30 days after |                                                                                                                                           |                                                          |
| sign a                                 | nd date the form.                            | •                                                            | th are equally responsible for supplying corre                                                                                            |                                                          |
| write y                                | and accurate as possibyour name and case nun | nber (if known).                                             | s needed, attach a separate sheet to this form                                                                                            | . On the top of any additional pages,                    |
|                                        | tors that you listed in Pa                   |                                                              | : Creditors Who Have Claims Secured by Pro                                                                                                | perty (Official Form 106D), fill in the                  |
|                                        | reditor and the property tl                  | nat is collateral                                            | What do you intend to do with the property secures a debt?                                                                                | that Did you claim the property as exempt on Schedule C? |
| Creditor's (                           | Corporate America Fo                         | eu                                                           | ☐ Surrender the property. ☐ Retain the property and redeem it.                                                                            | □No                                                      |
| Description of property securing debt  | 3 3 3 3 3                                    | er 25000 miles                                               | <ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul>            | ■ Yes                                                    |
| Creditor's (                           | Corporate America Fo                         | eu                                                           | ☐ Surrender the property. ☐ Retain the property and redeem it.                                                                            | □ No                                                     |
| Description of property securing debt  | miles                                        | cy 70000                                                     | <ul> <li>■ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>         | ■ Yes                                                    |
| Creditor's                             | Northstar Credit Unio                        | n                                                            | ■ Surrender the property.  □ Retain the property and redeem it.                                                                           | □ No                                                     |
| Description of property                | f 2012 Suzuki Boule<br>miles                 | vard 2200                                                    | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: | ■ Yes                                                    |

Official Form 108

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| Debtor 1 Jason Eric Miller Debtor 2 Kanyanat Miller                     | Case number (if known)                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| securing debt:                                                          |                                                                                                                                                                                                                                                          |
| n the information below. Do not list real estate leas                   | listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill less. Unexpired leases are leases that are still in effect; the lease period has not yet ended lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |
| Describe your unexpired personal property leases                        | Will the lease be assumed?                                                                                                                                                                                                                               |
| Lessor's name:<br>Description of leased<br>Property:                    | □ No                                                                                                                                                                                                                                                     |
| Lessor's name:                                                          |                                                                                                                                                                                                                                                          |
| Description of leased<br>Property:                                      | □ No □ Yes                                                                                                                                                                                                                                               |
| Lessor's name:<br>Description of leased<br>Property:                    | □ No                                                                                                                                                                                                                                                     |
| Lessor's name:<br>Description of leased<br>Property:                    | □ No                                                                                                                                                                                                                                                     |
| Lessor's name:<br>Description of leased<br>Property:                    | □ No                                                                                                                                                                                                                                                     |
| Lessor's name:<br>Description of leased<br>Property:                    | □ No                                                                                                                                                                                                                                                     |
| Lessor's name:<br>Description of leased<br>Property:                    | □ No                                                                                                                                                                                                                                                     |
|                                                                         | nted my intention about any property of my estate that secures a debt and any personal                                                                                                                                                                   |
| roperty that is subject to an unexpired lease.  X /s/ Jason Eric Miller | χ /s/ Kanyanat Miller                                                                                                                                                                                                                                    |
| Jason Eric Miller Signature of Debtor 1                                 | Kanyanat Miller Signature of Debtor 2                                                                                                                                                                                                                    |
| Date <b>July 31, 2016</b>                                               | Date <b>July 31, 2016</b>                                                                                                                                                                                                                                |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

## **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee
 \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing tee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

## Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

## Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-24621 Doc 1 Filed 07/31/16 Entered 07/31/16 20:26:28 Desc Main Document Page 50 of 55

B2030 (Form 2030) (12/15)

## United States Bankruptcy Court Northern District of Illinois, Eastern Division

| In r | Jason Eric Miller<br>re Kanyanat Miller                                                                                                                                                                                                                                                        |                                                                                         | Case No.                                  |                                |         |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------|---------|
|      | - Narryanat minor                                                                                                                                                                                                                                                                              | Debtor(s)                                                                               | Chapter                                   | 7                              |         |
|      | DISCLOSURE OF COMPEN                                                                                                                                                                                                                                                                           | SATION OF ATTOR                                                                         | RNEY FOR DE                               | CBTOR(S)                       |         |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation or                                                                                                                    | g of the petition in bankruptcy,                                                        | or agreed to be paid                      | to me, for services rendered   | or to   |
|      | For legal services, I have agreed to accept                                                                                                                                                                                                                                                    |                                                                                         | \$ <u></u>                                | 2,000.00                       |         |
|      | Prior to the filing of this statement I have received                                                                                                                                                                                                                                          |                                                                                         |                                           | 2,000.00                       |         |
|      | Balance Due                                                                                                                                                                                                                                                                                    |                                                                                         |                                           | 0.00                           |         |
| 2.   | The source of the compensation paid to me was:                                                                                                                                                                                                                                                 |                                                                                         |                                           |                                |         |
|      | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                    |                                                                                         |                                           |                                |         |
| 3.   | The source of compensation to be paid to me is:                                                                                                                                                                                                                                                |                                                                                         |                                           |                                |         |
|      | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                    |                                                                                         |                                           |                                |         |
| 4.   | ■ I have not agreed to share the above-disclosed compe                                                                                                                                                                                                                                         | ensation with any other person                                                          | unless they are mem                       | pers and associates of my lav  | v firm. |
|      | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name                                                                                                                                                                              |                                                                                         |                                           |                                | . A     |
| 5.   | In return for the above-disclosed fee, I have agreed to rer                                                                                                                                                                                                                                    | nder legal service for all aspect                                                       | s of the bankruptcy c                     | ase, including:                |         |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and render</li> <li>b. Preparation and filing of any petition, schedules, state</li> <li>c. Representation of the debtor at the meeting of creditor</li> <li>d. [Other provisions as needed]</li> <li>Exemption planning;</li> </ul> | ment of affairs and plan which                                                          | may be required;                          |                                |         |
| 5.   | By agreement with the debtor(s), the above-disclosed fee<br>Representation of the debtors in any disc<br>any other adversary proceeding: negotia<br>filing of reaffirmation agreements and ap<br>USC 522(f)(2)(A) for avoidance of liens of                                                    | chargeability actions, judi-<br>tions with secured credito<br>plications as needed; pre | cial lien avoidance<br>ors to reduce to m | arket value; preparation       | and     |
|      |                                                                                                                                                                                                                                                                                                | CERTIFICATION                                                                           |                                           |                                |         |
| this | I certify that the foregoing is a complete statement of any bankruptcy proceeding.                                                                                                                                                                                                             | agreement or arrangement for                                                            | payment to me for re                      | epresentation of the debtor(s) | ) in    |
|      | July 31, 2016                                                                                                                                                                                                                                                                                  | /s/ Stephen J. Co                                                                       | stello                                    |                                |         |
|      | Date                                                                                                                                                                                                                                                                                           | Stephen J. Coste                                                                        | llo 6187315                               |                                |         |
|      |                                                                                                                                                                                                                                                                                                | Signature of Attorne Costello & Coste                                                   |                                           |                                |         |
|      |                                                                                                                                                                                                                                                                                                | 19 N. Western Av                                                                        | e. (RT 31)                                |                                |         |
|      |                                                                                                                                                                                                                                                                                                | Carpentersville, I<br>847-428-4544 Fa                                                   |                                           |                                |         |
|      |                                                                                                                                                                                                                                                                                                | steve@costellola                                                                        |                                           |                                |         |
|      |                                                                                                                                                                                                                                                                                                | Name of law firm                                                                        |                                           |                                |         |

### **CONTRACT FOR LEGAL SERVICES**

The undersigned (hereinafter referred to as "client") hereby enters into this Contract for legal services with the law firm of COSTELLO & COSTELLO P.C. (Hereinafter referred to as "firm") and hereby agrees as follows:

- 1. Client wishes to retain the law firm of COSTELLO & COSTELLO, P.C. to perform legal services in connection with a Chapter 7 Bankruptcy.
- 2. Firm's present schedule of fees regarding the preparation, filing and representation in Chapter 7 and the court filing fee for the following services are as follows:

| a. Analysis of qualification for Chapter 7 (means test) - which shall mean that firm shall render an opinion of whether client qualifies for filing Chapter 7 under or if the filing of a chapter 7 for client would constitute an abuse of the provisions of Chapter 7 pursuant to Title 11 United States Code section 707(b). | \$500.00              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <ul> <li>b. Preparation of documents for Chapter 7 filing which includes, the<br/>petition, schedules, statement of financial affairs, notice of intent, and<br/>other documents required for the filing of the chapter 7.</li> </ul>                                                                                           | \$750.00              |
| <ul> <li>Filing of Chapter 7 petition, schedules, etc with the court and<br/>attendance at the meeting with the trustee (also called 341 meeting or<br/>meeting of creditors).</li> </ul>                                                                                                                                       | \$750.00              |
| d. Court filing fee.                                                                                                                                                                                                                                                                                                            | \$335.00              |
| e Credit report fee Total fees and court filing fee.                                                                                                                                                                                                                                                                            | \$53.00<br>\$2,388.00 |

- 3. Client hereby understands that firm will not perform any of the above services until the fees for such service, including court costs or filing fees, is fully paid and only after all information and/or documents and/or signatures required for such services and/or the preparation of each document is provided to firm. Firm reserves the right to raise the amount of firm's fees for any services should client not pay for such services or provide necessary information or documents or signatures within a reasonable time from the date of this Contract or should the bankruptcy laws, or rules or procedures of the court materially change after the date of this Contract. Client further understands that any fees are deemed earned when paid and client shall not be entitled to any refund of any portion of any fees paid for services performed by firm or if firm is unable to fully provide any such services due to failure of client to provide necessary information or documents or signatures.
- 4. Firm is under no obligation to represent client in any additional matters including any additional matters arising within the Chapter 7 proceeding or any other Chapter that this Chapter 7 proceeding may be converted into. Should firm choose to represent client in any additional matters arising within the chapter 7 proceeding or other bankruptcy proceeding that this Chapter 7 may be converted into including, but not limited to, objections to claims, adversary proceedings, amendments to schedules, petition or statement of affairs. motions or objections presented by creditors, trustee or Judge or other matters, shall be billed at the rate of \$275.00 per hour plus costs and expenses. Such additional fees shall be due and payable upon demand unless otherwise agreed in writing. Firm reserves the right to raise its hourly rate upon written notice to client.
- 5. Client will inform firm of any change of client's address or telephone number with the understanding that failure to do so will constitute default.
  - 6. Client agrees to inform firm of any difficulties client may have in complying with this Contract and

that this Contract may be altered changed or amended only by mutual agreement and approval by firm in writing

- 7. Client may terminate employment of firm at any time but such termination will not alter any rights or duties under this Contract and such termination does not reduce the amount owed to firm except by agreement in writing.
- 8. Client understands that any default under paragraph 4,5, 6, or 7 or should client fail to fully cooperate with firm or fail to provide accurate or complete information to firm or any trustee, judge, creditor or other claimant or any other entity at any time during firm's representation of client either before or after the filing of the chapter 7 bankruptcy, such may result in withdrawal by firm but such withdrawal will not alter any clients obligations under this Contract and such withdrawal does not reduce the amount owing to firm except by agreement in writing and does not entitle client to any refund of any fees paid for such services.
- 9. Client agrees that client is responsible for all costs of collection, including all court costs and reasonable attorney's fees incurred by firm in the collection of any sums due hereunder.
- 10. Client understands that from time to time an attorney from firm may be unavailable to appear in court or at other proceedings on client's behalf and hereby agrees that another attorney may be designated by firm to substitute for one of firm's attorney's at such court or other hearing.
- 11. To the extent that this Contract is signed herebelow by more than one individual, then "client" as used herein shall mean both the singular and plural of such term and both individuals agree that they are jointly and severally liable for all obligations contained herein including but not limited to all sums due from client as provided herein.
- 12. If client is a corporation and is signed herebelow by an officer of such corporation, then such person signing for client represents that he or she is a duly authorized officer of such corporation and is authorized to enter into this Contract on behalf of such corporation and bind such corporation thereto and further agrees that he or she personally and individually guarantees payment of all amounts due from client as provided herein including but not limited to all fees, costs and expenses provided in paragraph 2 hereinabove and further agrees that he or she is responsible for all costs of collection, including all court costs and reasonable attorney's fees incurred by firm in the collection of any sums due hereunder from either client or such person signing personally and individually.
- 13. Any provision of this Contract which may be adjudged to be unlawful or invalid by a court of law or becomes unlawful or invalid by operation of law or legislation, shall thereafter become null and void, but all other provisions of this Contract shall continue in full force and effect.

The undersigned have voluntarily entered into this Contract and by the undersigned's signature(s) below agree to all of the obligations rights and duties herein.

Dated this day of July ,2016.

Agreed and signed:

Jason Miller

Kanyanat Miller

Costello & Costello, P.C. and Stephen J. Costello

Stephen J. Costello

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## United States Bankruptcy Court Northern District of Illinois, Eastern Division

| In re | Jason Eric Miller<br>Kanyanat Miller       |                                           | Case No.        |                           |
|-------|--------------------------------------------|-------------------------------------------|-----------------|---------------------------|
|       | •                                          | Debtor(s)                                 | Chapter         | 7                         |
|       |                                            |                                           |                 |                           |
|       | VE.                                        | RIFICATION OF CREDITOR MA                 | ATRIX           |                           |
|       |                                            | Number of 0                               | Creditors:      | 15                        |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor | ors is true and | correct to the best of my |
| Date: | July 31, 2016                              | /s/ Jason Eric Miller                     |                 |                           |
|       |                                            | Jason Eric Miller                         |                 |                           |
|       |                                            | Signature of Debtor                       |                 |                           |
| Date: | July 31, 2016                              | /s/ Kanyanat Miller                       |                 |                           |
|       |                                            | Kanyanat Miller                           |                 |                           |
|       |                                            | Signature of Debtor                       |                 |                           |

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Acs/college Loan Corp 501 Bleecker St Utica, NY 13501

4850 Street Road Suite 300 Feasterville Trevose, PA 19053

Alliance One Receivables

Barclays Bank Delaware Po Box 8801 Wilmington, DE 19899

Cap1/bstby

Capital One Attn: Bankruptcy Po Box 30285

Citibank

Salt Lake City, UT 84130

Citibank/Shell Oil

Citibank/Citicorp Srvs Attn: Centraliz

Po Box 790040 St Louis, MO 63179

Corporate America Fcu Attn: Collections Dept 2075 Big Timber Rd Elgin, IL 60123 Delnor Community Hospital

300 Randall Road Geneva, II 60134 Earthmover Cu Po Box 2937 Aurora, IL 60507

Earthmovers Cu 2195 Baseline Rd Oswego, IL 60543 Northstar Credit Union 3s555 Winfield Rd Warrenville, IL 60555 Square One Financial/Cach Llc 4340 S Monaco St

4340 S Monaco St 2nd Floor

Denver, CO 80237

Synchrony Bank/Sams Attn: Bankruptcy Po Box 103104 Roswell, GA 30076 Synchrony Bank/Walmart

Attn: Bankruptcy Po Box 103104 Roswell, GA 30076 Target

C/O Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440

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## STATEMENT OF INFORMATION REQUIRED BY 11 U.S.C. §341

### INTRODUCTION

Pursuant to the Bankruptcy Reform Act of 1994, the Office of the United States Trustee, United States Department of Justice, has prepared this information sheet to help you understand some of the possible consequences of filing a bankruptcy petition under chapter 7 of the Bankruptcy Code. This information is intended to make you aware of...

- (1) the potential consequences of seeking a discharge in bankruptcy, including the effects on credit history;
- (2) the effect of receiving a discharge of debts
- (3) the effect of reaffirming a debt; and
- (4) your ability to file a petition under a different chapter of the Bankruptcy Code.

There are many other provisions of the Bankruptcy Code that may affect your situation. This information sheet contains only general principles of law and is not a substitute for legal advice. If you have questions or need further information as to how the bankruptcy laws apply to your specific case, you should consult with your lawyer.

### WHAT IS A DISCHARGE?

The filing of a chapter 7 petition is designed to result in a discharge of most of the debts you listed on your bankruptcy schedules. A discharge is a court order that says you do not have to repay your debts, but there are a number of exceptions. Debts which may not be discharged in your chapter 7 case include, for example, most taxes, child support, alimony, and student loans; court-ordered fines and restitution; debts obtained through fraud or deception; and personal injury debts caused by driving while intoxicated or taking drugs. Your discharge may be denied entirely if you, for example, destroy or conceal property; destroy, conceal or falsify records; or make a false oath. Creditors cannot ask you to pay any debts which have been discharged. You can only receive a chapter 7 discharge once every eight (8) years.

## WHAT ARE THE POTENTIAL EFFECTS OF A DISCHARGE?

The fact that you filed bankruptcy can appear on your credit report for as long as 10 years. Thus, filing a bankruptcy petition may affect your ability to obtain credit in the future. Also, you may not be excused from repaying any debts that were not listed on your bankruptcy schedules or that you incurred after you filed for bankruptcy.

## WHAT ARE THE EFFECTS OF REAFFIRMING A DEBT?

After you file your petition, a creditor may ask you to reaffirm a certain debt or you may seek to do so on your own. Reaffirming a debt means that you sign and file with the court a legally enforceable document, which states that you promise to repay all or a portion of the debt that may otherwise have been discharged in your bankruptcy case. Reaffirmation agreements must generally be filed with the court within 60 days after the first meeting of the creditors.

Reaffirmation agreements are strictly voluntary — they are not required by the Bankruptcy Code or other state or federal law. You can voluntarily repay any debt instead of signing a reaffirmation agreement, but there may be valid reasons for wanting to reaffirm a particular debt.

Reaffirmation agreements must not impose an undue burden on you or your dependents and must be in your best interest. If you decide to sign a reaffirmation agreement, you may cancel it at any time before the court issues your discharge order or within sixty (60) days after the reaffirmation agreement was filed with the court, whichever is later. If you reaffirm a debt and fail to make the payments required in the reaffirmation agreement, the creditor can take action against you to recover any property that was given as security for the loan and you may remain personally liable for any remaining debt.

### OTHER BANKRUPTCY OPTIONS

You have a choice in deciding what chapter of the Bankruptcy Code will best suit your needs. Even if you have already filed for relief under chapter 7, you may be eligible to convert your case to a different chapter.

Chapter 7 is the liquidation chapter of the Bankruptcy Code. Under chapter 7, a trustee is appointed to collect and sell, if economically feasible, all property you own that is not exempt from these actions.

Chapter 11 is the reorganization chapter most commonly used by businesses, but it is also available to individuals. Creditors vote on whether to accept or reject a plan, which also must be approved by the court. While the debtor normally remains in control of the assets, the court can order the appointment of a trustee to take possession and control of the business.

Chapter 12 offers bankruptcy relief to those who qualify as family farmers. Family farmers must propose a plan to repay their creditors over a three-to-five year period and it must be approved by the court. Plan payments are made through a chapter 12 trustee, who also monitors the debtor's farming operations during the pendency of the plan.

Finally, chapter 13 generally permits individuals to keep their property by repaying creditors out of their future income. Each chapter 13 debtor writes a plan which must be approved by the bankruptcy court. The debtor must pay the chapter 13 trustee the amounts set forth in their plan. Debtors receive a discharge after they complete their chapter 13 repayment plan. Chapter 13 is only available to individuals with regular income whose debts do not exceed \$1,347,500 (\$336,900 in unsecured debts and \$1,010,650 in secured debts).

AGAIN, PLEASE SPEAK TO YOUR LAWYER IF YOU NEED FURTHER INFORMATION OR EXPLANATION, INCLUDING HOW THE BANKRUPTCY LAWS RELATE TO YOUR SPECIFIC CASE.

| /s/ Jason Eric Miller | July 31, 2016 | /s/ Kanyanat Miller      | July 31, 2016 |
|-----------------------|---------------|--------------------------|---------------|
| Debtor's Signature    | Date          | Joint Debtor's Signature | Date          |